

After C-section and other gynecologic procedures,

IMPROVE RECOVERY WITH AN OPIOID-MINIMIZING APPROACH



Obstetrics and
Gynecology

LEADING MEDICAL SOCIETIES RECOMMEND OPIOID-MINIMIZING PAIN MANAGEMENT STRATEGIES TO ENHANCE RECOVERY AFTER OBSTETRIC AND GYNECOLOGIC PROCEDURES

ACOG¹

- A stepwise, multimodal pain management strategy, including local anesthetics delivered by wound infiltration or TAP block, is recommended to **control pain and minimize opioid administration**
- Postoperative minimization of opioid use reduces nausea and vomiting, impairment of bowel function, delayed mobilization, and pulmonary morbidity

SOAP²

- Multimodal analgesia, including wound infiltration or regional blocks (eg, TAP block), should be used to reduce pain, improve mobilization, reduce opioid use in the hospital and after discharge, and **decrease opioid side effects**

SGO³

- Advocate for the goal of **reducing opioid misuse, and optimizing availability and use of non-opioid methods of pain control**

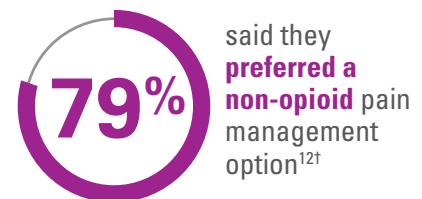
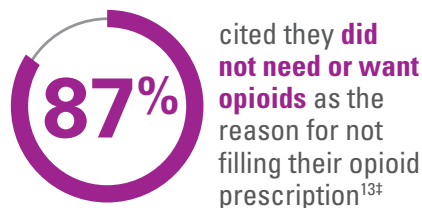
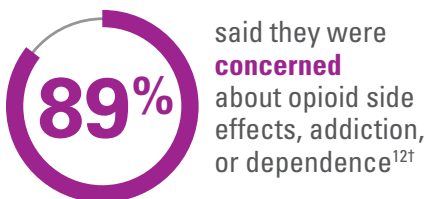
ERAS⁴

- Avoiding opioid use within a multimodal postoperative analgesia pathway, with greater emphasis on non-opioid medications such as liposomal bupivacaine, can **improve patient experience and functional recovery after surgery**

MANY PATIENTS WOULD PREFER TO AVOID THE NEGATIVE EFFECTS OF OPIOIDS

- **Adverse effects in patients:** Nausea/vomiting, constipation, itching, drowsiness, delayed recovery, decreased libido, amenorrhea^{1,4,6}
- **Risk to newborns:** Opioids during breastfeeding lead to greater CNS depression vs acetaminophen alone⁷
- **Risk of misuse and addiction**
 - **1 in 15** patients prescribed an opioid for postsurgical pain will go on to long-term use^{8*}
 - **Women are 40% more likely** to become persistent users⁹
 - **More than 71 moms** each day **become persistent users of opioids** after C-section¹⁰
 - **75%** of C-section patients reported **keeping unused pills** at home, leaving many pills available for **potential misuse and diversion**¹¹

WHAT ARE SURGICAL PATIENTS SAYING ABOUT OPIOIDS?



ACOG, American College of Obstetricians and Gynecologists; CNS, central nervous system; ERAS, Enhanced Recovery After Surgery; SGO, Society of Gynecologic Oncology; SOAP, Society for Obstetric Anesthesia and Perinatology; TAP, transversus abdominis plane.

*According to a prospective, longitudinal study (N=109). Preoperative opioid use, self-perceived risk of addiction, and depression were each independent predictors of prolonged (6 months) opioid use after surgery.⁸

†From a survey of 500 US adults who had orthopedic or soft tissue surgery and 200 US surgeons who performed these procedures.¹²

‡Survey conducted between 2014 and 2016 of 720 women recovering after C-section surgery at 6 US academic medical centers.¹³

MULTIMODAL APPROACHES WITH OR WITHOUT ERAS PROTOCOLS HAVE DEMONSTRATED BENEFITS IN OBSTETRIC AND GYNECOLOGIC PROCEDURES



Reduced opioid use and risk of ORAEs^{2,4,14-16}



Earlier mobility^{1,2}



Fewer postsurgical complications¹⁴



Shorter hospital LOS^{14,15}



Higher patient satisfaction^{4,14}



Reduced health care costs¹⁵

Long-lasting local analgesic pain control can reduce the need for opioids when used as part of a multimodal pain management approach¹⁷

LOCAL ANALGESIC INFILTRATION
directly targets pain at its source and is not associated with major side effects¹⁸

LOCAL ANESTHETIC FIELD BLOCKS
can effectively provide regional anesthesia in C-section and other gynecologic surgeries¹⁹

LOS, length of stay; ORAE, opioid-related adverse event.

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