After C-section and other gynecologic procedures,

**IMPROVE RECOVERY WITH AN OPIOID-MINIMIZING APPROACH**

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

- 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

**ACOG**

- 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

**SOAP**

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

**SGO**

- 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

**ERAS**

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
- **Risk to newborns:** Opioids during breastfeeding lead to greater CNS depression vs acetaminophen alone
- **Risk of misuse and addiction**
  - 1 in 15 patients prescribed an opioid for postsurgical pain will go on to long-term use
  - Women are 40% more likely to become persistent users
  - More than 71 moms each day become persistent users of opioids after C-section
  - 75% of C-section patients reported keeping unused pills at home, leaving many pills available for potential misuse and diversion

WHAT ARE SURGICAL PATIENTS SAYING ABOUT OPIOIDS?

- 89% said they were concerned about opioid side effects, addiction, or dependence
- 87% cited they did not need or want opioids as the reason for not filling their opioid prescription
- 79% said they preferred a non-opioid pain management option

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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.

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

*Survey conducted between 2014 and 2016 of 720 women recovering after C-section surgery at 8 US academic medical centers.
**References**


