Global Scientific JOURNALS

GSJ: Volume 9, Issue 4, April 2021, Online: ISSN 2320-9186
www.globalscientificjournal.com

Pain management in gynecology and obstetrics at the level of the unit of anesthesia resuscitation in obstetrics and gynecology - Oran University Hospital

Senhadji. L[1]; Benhamed. A[2]

[1] Master of Conferences A in Anesthesia Resuscitation Oran University Hospital - Faculty of Medicine of Oran

[2] Professor in Anesthesia Resuscitation Oran University Hospital - Faculty of Medicine of Oran, Medical Head of Department of Anesthesia Resuscitation Oran University Hospital

Abstract:
Pain management is a real public health issue and a major morbidity concern. As part of a pain management improvement program, the anesthesia unit in obstetric gynecology conducted an evaluation of this management. The observational and monocentric descriptive study included 1258 female respondents who benefited from multimodal analgesia, epidural analgesia, spinalalgesia, and 336 gynecology patients reported in addition to the multimodal analgesia of the spine technique, epidural combined analgesic in postoperative. The optimal analog visual scale AVS of 30 mm to 40 mm has been achieved. According to our results it appears that pain management is effective, but the rate of completion of epidural analgesia for childbirth remains low.

Introduction:
According to the official definition of the International Association for the Study of Pain (IASP), "Pain is an unpleasant sensory and emotional experience associated with a real or potential tissue injury or described in these terms". It is a real public health issue and a major morbidity concern. The management of pain is mandatory so that it is no longer experienced as a fatality. As part of a program to improve pain management, the Nouar Fadéla EHS Resuscitation Anesthesia Unit carried out an evaluation of this management and its results. In gynecology, multimodal analgesia is prescribed from general anesthesia, and when the acts are performed under loco-regional anesthesia, analgesia is continued by these same techniques with analgesic doses. In obstetrics, post-operative multimodal analgesia for caesareans performed under general anesthesia, epidural analgesia, spinealgesia for parturints operated under locoregional anesthesia.

Materials and Methods:
This is a monocentric descriptive study on the management of postoperative pain and pain in obstetric work. Only 82 women gave birth under locoregional analgesia and 336 gynaecological patients. The EVA Analog Visual Scale Pain Assessment Reference Tool has been consistently used in the Post Interventional Care Unit (SSPI) and Delivery Room.

The EVA Analog Visual Scale Pain Assessment Reference Tool has been consistently used in the Post Interventional Care Unit (SSPI) and Delivery Room. We developed protocols that were validated by our Resuscitation Anesthesia Department which included:
– Preventive multimodal analgesia: Parenteral paracetamol; nonsteroidal anti-inflammatory intramuscular before the end of the surgery, continued in postoperative 24 to 48 hours according to pain assessment.

– Post-operative multimodal analgesia.

– Postoperative epidural analgesia for gynaecological procedures performed under peri-rachianethesis: Bupivacaine 0,100%+ Fentanyl 25-50 µg over 12 h minimum.
– Epidural analgesia for childbirth: Bupivacaine 0.100% +fentanyl 25-50 µg

Results: In obstetrics,100 % of cesareated patients with spinal surgery or general anesthesia received multimodal analgesia with significant effectiveness as shown by the AVS figures recorded (AVS less than or aqual to 30 mm). For low-birth only 6,76% had epidural analgesia (AVS between 30 mm and 40 mm). [Fig.1]
In gynaecology, post-operative patients received analgesic epidural in 63.11% (AVS between 30 mm and 40 mm), multimodal analgesia in 36.89% [Fig. 2]

Fig 1: Distribution of pain scores under multimodal analgesia after caesarean section

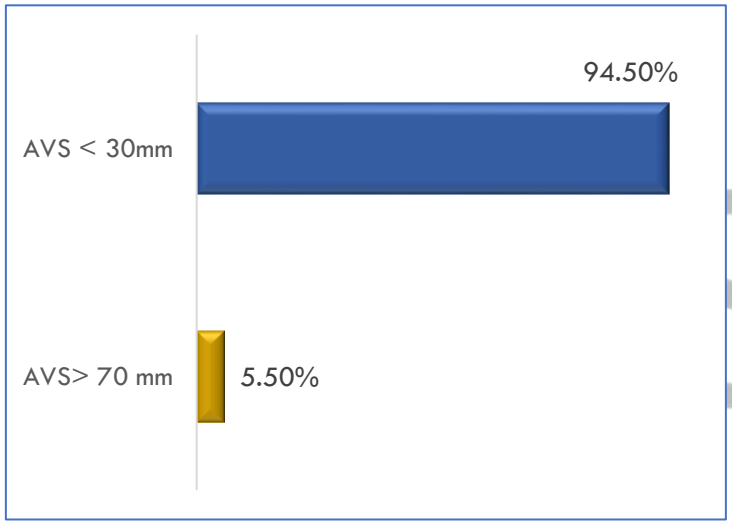
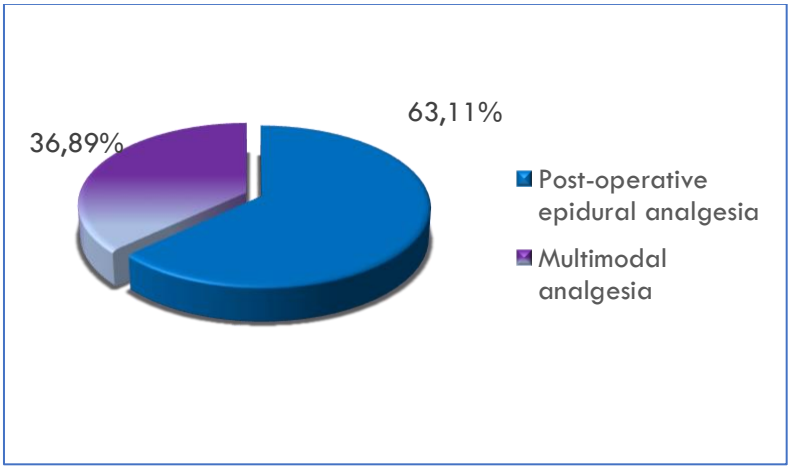


Fig2: Distribution of patients by type of analgesia



Discussion:
The principles of a modern management of postoperative pain combining, in the framework of multimodal analgesia, Nefopam, paracetamol, nonsteroidal anti-inflammatory drugs and corticosteroids. Locoregional analgesia is far superior to multimodal analgesia. It appears from these results that pain management is effective at the service of obstetric gynecology, contrasting with the low rate of epidural analgesia for childbirth.

Conclusion:
A better organization of anesthesia and obstetric care services offers a better quality of care that is naturally accompanied by an improvement in pain management; with as perspectives the rigorous analysis of practices, protocol writing, patient information, and choice of analgesia technique.

Bibliographic references

[1] Hélène Beloeil CHU de Rennes, université Rennes 1, pôle anesthésie-réanimation-urgences: How to use non-opiate analgesics in postoperative settings? Med Press 2015
[2] Corbonnois G,Iohom G,Lazarescu C, Hubert I, Bouaziz H. Unilateral permanent loss of vision after nefopam administration .Ann Fr Anesth Reanim 2013;32:e113-5

[3] Marine Wallois:Management of Caesarean Section Pain under Locoregional Anesthesia Postoperative pain management after delivery under spinal anaesthesia; Le Praticien en anesthésie réanimation (2015) 19, 28—33

[4] Pottecher.J, M Palot, F.Schon : Assessment of demand and access to the epidural in a level III maternity; Annales Françaises d'Anesthésie Réanimation 2002 ;21 : 558-63.

[5] Pottecher. J, Benhamou. D: Obstetric pain and analgesia, Journal of Obstetric Gynecology and Reproductive Biology Vol 33, N° 3 - may 2004 p 181-188

[6] Mary T. Nabukenya, Andrew Kintu , Agnes Wabule , Mark T Muyingo and Arthur Kwizera : Knowledge, attitudes and use of labour analgesia among women at a low-income country antenatal clinic; PubMed Central CANADA,BMC Anesthesiology (2015) 15:98

[7] Hawkins JL: Epidural analgesia for labor pain and delivery. N Engl J Med 2010 ; 362 :1503-10.

[8] Desprats .R, Founie. A, Obstetric pain and analgesia; Other techniques of locoregional analgesia, Chapitre 2 ;2017 Elsevier Masson.p 187-188

[9]. Dhara Patel, Prerana Mankad, Sahil Bansal, Jayendra Makwana, Shakuntala Goswami, Bharat Shah. Bupivacaine 0.125% versus bupivacaine 0.125% with different doses of fentanyl for epidural labour analgesia: a randomised double blind study. International Journal of Medical Science and Public Health | 2014 | Vol 3/Issue 4.

[10] Belgian association for regional anesthesia. Belgian Guidelines and Recommandations for safe Practice in Obstetric Anesthesia. Acta anaesthesiol Belg, 2003, 119-125.