

Patient-directed IV remifentanyl cuts epidural conversions

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(HealthDay)—Compared with intramuscular pethidine, use of

intravenous remifentanyl patient-controlled analgesia (PCA) in labor reduces the proportion of epidural conversions, according to a study published in the Aug. 25 issue of *The Lancet*.

Matthew J.A. Wilson, M.D., from the University of Sheffield in the United Kingdom, and colleagues conducted a multicenter randomized trial in 14 U.K. maternity units. Women beyond 37 weeks of gestation, in labor with a singleton cephalic presentation, who requested opioid pain relief were randomized to intravenous remifentanyl PCA (201 [women](#)) or intramuscular pethidine (199 women). The proportion of women who received epidural analgesia after enrollment for pain relief in labor was assessed as the primary outcome.

The researchers found that the proportions of epidural conversion were 19 and 41 percent in the remifentanyl PCA and pethidine groups, respectively (risk ratio, 0.48). During the study there were no serious adverse events or drug reactions directly attributable to either analgesic.

"Intravenous remifentanyl PCA halved the proportion of [epidural](#) conversions compared with intramuscular pethidine," the authors write. "This finding challenges routine pethidine use as standard of care in [labor](#)."

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