

Is there a safer choice than opioids after a C-section?

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(HealthDay)—Expectant moms often try to plan as many aspects of their

upcoming delivery as they can. But one thing they might not consider is what type of pain relief they will choose if they need to have a C-section.

Now, new research from the University of Texas suggests that while opioids can control [pain](#), a combination of other painkillers could offer similar relief with fewer side effects and no risk of addiction.

"Opioids do not need to be routinely prescribed for every woman," said study author Dr. Jenifer Dinis. She is a clinical instructor in the department of obstetrics, gynecology and reproductive sciences at UT Health McGovern Medical School in Houston.

"We can control pain effectively with ibuprofen and acetaminophen. For those who do need opioids, we don't need to give out as much," Dinis said.

A big concern anytime opioids are used is the potential for addiction. As many as one in four people given a long-term prescription for opioids in [primary care](#) has reported struggling with addiction, according to the U.S. Centers for Disease Control and Prevention. Even if people don't use the [opioid prescriptions](#) they're given, family members or friends may end up using those drugs.

In 2016, more than 11 million Americans said they had misused opioids during the past year, the CDC said. Approximately 130 Americans die every day due to [opioid overdose](#).

Dr. Harshal Kirane, director of addiction services at Staten Island University Hospital in New York City, said that new mothers "have a number of different stressors after the birth of a child" that can put them at risk of addiction.

But, he said, that risk isn't unique to new moms. "We need to identify better, more refined, more precise guidelines for the management of opioid analgesics in all contexts."

To see if pain could effectively be managed after a surgical delivery, Dinis and her colleagues recruited almost 200 women having a C-section.

The women were randomly assigned to one of two groups. One group received opioids for [pain relief](#). The other group was given ibuprofen (such as Advil/Motrin) every six hours and acetaminophen (Tylenol) every four hours. If their pain wasn't well-controlled with this combination, the women could ask for opioids.

Pain relief scores were slightly better in the non-opioid group, the study found.

Women who took opioids were more likely to have drug-related side effects. The most common side effects in the opioid group were sleepiness and constipation.

Dinis said she hopes this study sparks interest in looking at alternative ways of managing pain after a surgery.

"We want to make sure patients have good pain control after surgery," she said, but "one of the biggest things that can help in the opioid crisis is decreasing the number of people getting opioids."

Kirane said this study showed "a marked reduction in the amount of opioid required." But he also pointed out that some patients in the ibuprofen/acetaminophen group did need "rescue" opioids.

And while the study highlighted an encouraging trend in trying to make

pain management guidelines safer, it also showed that "one size does not fit all," Kirane added.

Doctors and patients need to talk about pain management options in a collaborative way, he suggested. In addition, doctors need to be fully informed about a patient's previous [opioid](#) experience, and patients need to be aware of the risks involved with any medication, Kirane said.

Dinis presented the research recently at the Society for Maternal-Fetal Medicine meeting, in Las Vegas. The findings were also published in a supplement to the *American Journal of Obstetrics and Gynecology*.

More information: Learn more about pain relief after surgery from the American Board of Internal Medicine's [Choosing Wisely](#) website.

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