

Can a single dose of intravenous dexamethasone improve post caesarean delivery analgesia?

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Background: Single dose of intravenous dexamethasone has been shown to improve postoperative analgesia in obstetric patients [1, 2]. Our aim was to establish if a single dose of dexamethasone would improve pain scores and reduce opioid consumption as part of multimodal analgesic regime.

Methods: Over a 6 month period data was collected for 34 patients undergoing elective C-section. A control group received standardised CSE and intraoperative analgesics. The intervention group received an additional single dose of intravenous 6.6mg dexamethasone (n=20). Postoperatively patients received standardised analgesia and were reviewed the following day. Primary outcomes were postoperative opioid consumption and subjective pain score using VAS.

Results: Patients receiving dexamethasone showed significantly lower pain scores on the first postoperative day

((median (IQR) □ 2.5 (1 - 4)) compared to the control group (median (IQR) - 6 (5 - 7)), p=0.001 with no side-effects. There was no benefit of dexamethasone on the average hourly opioid consumption ((median (IQR) □ 1.125mg/hr (0 - 1.8mg/hr)) compared to the control group ((median (IQR) - 0.65mg/hr (0 - 1.25mg/hr)), p=0.516.

Conclusions: IV Dexamethasone is a safe non-opiate adjunct which reduced postoperative pain scores and should be considered during C-sections.

Biography

Dr. Dessain is currently working at Southmead Hospital as Clinical Research Fellow. Tessa completed her core anesthetic training and this project in London prior to starting her current post in Bristol.