

Patient Information Leaflet

Pain relief after your Caesarean section

A caesarean section is classed as a major abdominal operation and providing you with adequate pain relief is an essential part of ensuring that you recover quickly and fully over the days, weeks and months to come. The following questions will hopefully help you to understand how we approach this and why it is important.

1. Which drugs will I be given to keep me comfortable after my Caesarean section?

Most mothers delivering at Worcester Royal Hospital you should be receiving:

Paracetamol 1 gram 4 times a day

Ibuprofen 400 mg 4 times a day

If you need more painkillers on top of this then liquid morphine is available.

It is a good idea to make sure you have these tablets readily available at home, so you can continue taking them regularly after being discharged from hospital.

Paracetamol and *Ibuprofen* work very well when taken together but must be taken regularly over a period of days and weeks to give you the most benefit.

It is most important to start taking these tablets as soon as possible after your operation because it does take time for them to start working well (1-7 days!).

How long you need these drugs does will vary from person to person but is likely to be up to a week or two for most people.

The main reason for taking this combination is to reduce the need for stronger painkillers like morphine, which can give you many unwanted side effects.

2. What if I am still uncomfortable?

Morphine is an important and useful pain killer after undergoing a caesarean section but should only be used when necessary and in moderation. At Worcester it is prescribed as a liquid to reduce side effects and avoid any uncomfortable injections.

Very occasionally, if you have not had a spinal or epidural, we can use a pump to deliver doses of morphine through your drip whenever you need them – this is called Patient Controlled Analgesia (PCA). It is rarely needed for longer than 24hrs and does tend to restrict you to bed.

Codeine is taken as a tablet and not as effective as morphine as a painkiller. Codeine does not work as a painkiller in at least 1 in 10 people and in some can cause excessive side effects such as drowsiness. In rare cases it can also cause your baby to breath very slowly.

For these reasons we now recommend avoiding codeine after caesarean section, especially if breast feeding or expressing breast milk.

There will always be some people who require very little pain relief after Caesarean and those who will need a lot more. Most people may need a few extra doses of morphine in the first day or 2 but after this your pain relief requirements should be much less, and the tablets alone should be enough to keep you comfortable.

3. Are these drugs safe to take whilst I am breastfeeding?

Yes, but any drug that you take whilst breast feeding will be passed to your baby. However, for most of these drugs the actual amount transferred to your breast milk will be less than 1% (a very small amount).

In Worcestershire we now no longer suggest using codeine or related products when you are breast feeding due to the very rare cases where your baby can be excessively affected by side effects such as drowsiness and impaired breathing

4. What happens if I don't have a spinal or an epidural anaesthetic?

If this is the case, then you will have needed a general anaesthetic for your caesarean section. Whilst you are asleep your anaesthetist will give you a large dose of morphine to make sure you are as comfortable as possible when you wake up. Once you are awake, we will give you more as required.

An additional option for you may be a *Transversus Abdominis plane (TAP) block* which would be performed under ultrasound guidance for you at the end of the caesarean before you are woken up and consists of *Local Anaesthetic* being injected around your abdominal nerves.

5. Problems with pain relief after your operation?

It is very important that you understand how uncomfortable a caesarean section can be to most people before you come into hospital for your operation.

Your expectations are vital to ensure that you get just the right amount of painkiller. You should have enough to enable you to move around in bed and then to get up and home to look after your baby properly after the operation; but not too much that you get unwanted side effects that may delay this and put you at risk of complications (blood clots in your legs from being in bed for too long).

If you have significant problems controlling your pain in the first few days after caesarean section, then it does mean you are more likely to have problems in the future with pain around your scar.

Every patient who has an anaesthetic procedure (spinal, epidural or general) will be reviewed by an anaesthetist within 48 hours by phone after your procedure. It is an opportunity for us to make sure you are recovering well and receiving enough of the correct painkillers.