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“Opioid use in the cesarean section patient with the preoperative administration of intravenous acetaminophen”

Abstract
Cesarean sections are one of the most common surgical procedures and there are no current guidelines for the management of postoperative pain control (Darvish, Ardestani, Shali, & Tajik, 2013). Unresolved pain in this population can lead to long lasting problems, such as chronic pain and depression (Booth, Harris, Eisenach, & Pan, 2015). The goal of multimodal therapy with IV acetaminophen for CS mothers was to ensure a rapid and safe recovery process with reduced adverse complications and shortened hospital length of stay. The independent t-test was used to compare the mean time for length of stay, first request of pain medication, and total morphine equivalents needed 24-hours and 48-hours post-cesarean section between the treatment, Group A and control group, Group C. The results reflected that the preoperative administration of IV acetaminophen reveal that Group A had a shorter length of stay than Group C. The difference was statistically significantly different ($p = 0.022$). The amount of time for first request of pain medication was compared. Group A had a shorter length of time for first request of pain medication compared to Group C. The difference was not statistically significantly different ($p = 0.299$) indicating Group C had a longer time for opioid/analgesic intervention compared to Group A. Morphine milligram equivalents (MME) were compared between the two groups between 24 and 48 hours. The mean MME for Group A and Group C was not statistically significantly different ($p = 0.299$) indicating there was no difference in MME between the two groups. The MME of 48 hours was higher in Group A than Group C and this difference was statistically significantly different ($p = 0.002$) indicating that those who did not receive preoperative administration of IV acetaminophen had a lower MME consumption.