

Why do I have pain after a caesarean section?

Pain is largely caused by inflammation involved in the healing of your wound. Everyone experiences pain differently and the level of pain can be difficult to predict.

It is important that we control your pain to keep you comfortable. This brochure will explain why we want to do this and the way your pain control is best managed. If you have more questions that are not answered here then your anaesthetist will be happy to answer them.

Why is it important that I control my pain?

Pain following any operation will limit your movement and this increases your risk of developing blood clots (deep vein thrombosis, pulmonary embolus) and/or a chest infection. Pain makes it hard for you to care for your baby and can interfere with breast feeding. When you are more comfortable, you will rest and sleep better.

How do we aim to treat your pain?

A combination of drugs that act on different parts of your nervous system help to reduce the pain signals reaching your brain. Before your caesarean section it is important that you tell the medical staff what drugs you are currently taking so they can prescribe the most suitable pain relief for you.

During your caesarean section most women receive a dose of morphine into the spinal fluid or epidural space (the area around your lower back). This morphine can last up to 24 hours and provides a large part of your pain relief during the time when your pain would usually be at its most intense.

What other drugs are used?

In addition to morphine we encourage nearly all women to take **paracetamol** (Panadol®) and **ibuprofen** (Nurofen®). These medications work well together and allow us to use a lower dose of morphine, which reduces side effects such as nausea. Ibuprofen (an anti-inflammatory medication) is useful in reducing uterine pains (after pains) that can occur following childbirth.

Why do I need to take these drugs regularly?

Paracetamol and ibuprofen need to be administered regularly. We prescribe them four times a day to ensure that the levels of these drugs stay high enough in your system to have the desired effect.

Missing prescribed doses increases the likelihood of needing stronger drugs for breakthrough pain.

With each new drug the likelihood of side effects developing increases.

What medicine can I have if the paracetamol and ibuprofen are not controlling the pain?

A stronger analgesic such as tramadol or oral morphine is usually prescribed and can be administered when you ask for it, or when the midwife or nurse caring for you thinks you need it.

Should I stop the regular pain relieving drugs if I have the stronger drugs?

No. It is important to keep taking the regular prescribed drugs as they still help to block the pain signals. Taking them means you will need less of the stronger medications.

When should I ask for some stronger pain relief?

If you are still in significant pain 30 minutes after you have taken some paracetamol or ibuprofen or a combination of both then you should ask for more pain relief. If, after a further 30 minutes your pain has not been relieved, ask for more pain relief. If necessary your midwife or nurse can discuss stronger pain relief with the medical staff caring for you.

How do I know how much pain relief I need?

Your midwife or nurse will assess your level of pain. Commonly a pain score from 0-10 is used. Zero being no pain and 10 being the most pain you can imagine. You can tell the midwife or nurse your pain score at rest and on movement.

The midwife or nurse will document your pain scores (as can you) to see the effect the pain relief is having.

You should be comfortable enough to move around relatively freely, take deep breaths and cough.

[continued]

Will these drugs affect my baby?

The pain relief offered to you has been shown to be safe with breast feeding. There will always be very small amounts of the drugs you take that pass into your breast milk.

Do these drugs have side effects?

All drugs have potential side effects.

Paracetamol (Panadol®) is considered a very safe drug and has minimal side effects at normal doses.

Ibuprofen (Nurofen®) is well tolerated and side effects are uncommon. Occasionally it may cause stomach pains. If you have a health condition, ibuprofen may be withheld as it may interact with your symptoms or your drugs, for example if your asthma worsens after taking ibuprofen or if there is significant bleeding at the time of surgery.

Tramadol occasionally causes nausea and vomiting. It can also cause constipation. If you are not passing regular bowel motions by three of four days after your caesarean section please let your midwife or nurse know. Tramadol may cause your baby to be sleepy.

Oral Morphine (Sevredol®) or **oxycodone** (Oxynorm®) are both strong pain relieving drugs that are sometimes required. These are only used for a few days. They can cause nausea and constipation is common. There have been rare reports of drowsiness in babies, if you have any concerns please contact your midwife or nurse.

Codeine is best avoided in breastfeeding mothers.

