Smertelindring ved suturering af perineale bristninger

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Hvem er interesseret i at de fødende er sufficient smertedækket under suturering…?

De fødende!!
Jordemødre
Læger på fødegangen
Anæstesiologer
Ledere

Omfang

>80 % af førstegangsfødende får en suturkrævende* bristning

54% af danske fødende rapporterer smerte under suturering med infiltrationsanalgesi

18% moderat eller svær smerte

Albers 1999, Kindberg 2009

Suturering af 1- og 2- grads bristninger og episiotomi. Fælles Obstetrisk instruks, RM*

”Der tilbydes sufficient smertelindring, inden behandlingen påbegyndes”

Gel: Lidokain 2-4 % som overflade analgesi. Der opnåes analgetisk effekt efter 5-10 min. i det område, der applikeres. Passende dosis er vanskelig at angive, da gelen glider af såret, således at kun en del af den applikerede mængde reelt absorberes.
Infiltrationsanalgesi: (f.eks. Lidokain/Carbocain (m. Adrenalin) 10mg/ml): Analgetisk effekt efter 2-3 min. 5-20 ml. Injiceres langs med sårranden i vagina og perineum. Ved injektion af større mængder opnås ødem af vævet, hvilket vanskeliggør korrekt approksimering af sårfladerne og hæmmer ophelingen.
Pudendusblokade: (f.eks. Lidokain/Carbocain (m. Adrenalin) 10mg/ml): Analgetisk effekt efter 2-5 min. Blokaden kan anlægges transcutant eller transvaginalt f.eks. 5-10 ml i hver side. Pudendusblokade kan suppleres med infiltrationsanalgesi ved behov for mere smertelindring.
Maksimal dosis: Max. dosis er 5 mg. pr. kg. kropsvægt ved Lidokain/carbocain uden Adrenalin og 7 mg. pr. kg. kropsvægt ved Lidokain/Carbocain med Adrenalin. Dette svarer til hhv. 400 mg. og 560 mg. ved en kropsvægt på 80 kg.
Akupunktur: Følgende punkter kan anvendes: GV 20, BL 36, samt ørepunkterne Shen Men og Genitalia. Bedst effekt opnås ved erfaren akupunktør.

Sphincterruptur (OASIS/Grad 3 og 4). Fælles obstetrisk retningslinie, RM

”Foretag suturering af OASIS under optimale operationsforhold, typisk på en operationsstue, hvor mulighederne for *bedøvelse*, lys, assistance og lejring er optimale.

Suturering af OASIS kan dog, efter aftale med bagvagt, foregå på fødestue, såfremt tilsvarende gode forhold kan sikres (DSOG 2019)”

Intrapartum care

NICE guideline
Published: 29 September 2023

1.12.14

When carrying out perineal repair:

- ensure that tested effective analgesia is in place, using infiltration with up to 20 ml of 1% lidocaine or equivalent
- top up the epidural or insert a spinal anaesthetic if necessary. **[2007]**

1.12.15

- If the woman reports inadequate pain relief at any point, address this immediately. **[2007]**

Tilfældigt døgn på fødegangen i Aarhus oktober 2024

Variation i praksis og i registrering?
EDK?
Smerteoplevelse?

#1 P0 Grad 2 perineum
Xylocaingel, infiltration 10 ml Xylocain m. adrenalin

#2 P2 % bristning. EDK.

#3 P1 EDK. Grad 2 perineum.
Gel 2%. Gel 4%. Infiltration Mylan 5 ml.

#4 P0 EDK. Grad 2 perineum.
Epidural under suturering.

#5 P1 Elektivt sectio

#6 P0 Elektivt sectio

#7 P0 Akut sectio

#8 P0 EDK. Grad 2 perineum.
Overfladegel.

#9 P0 Elektivt sectio

#10 P1 Grad 1 perineum
Gel 2%

#11 P0 EDK. Grad 2 perineum
Gel 4%

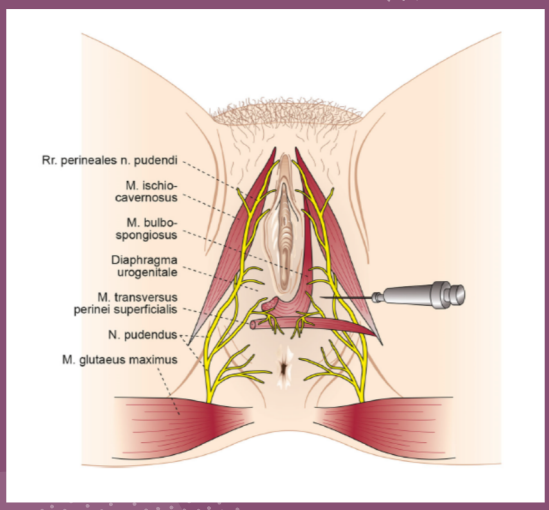
#12 P0 EDK. Vacuum. Grad 2 perineum
Overflade bedøvelse.
Infiltration.
Transcutan pudendus.

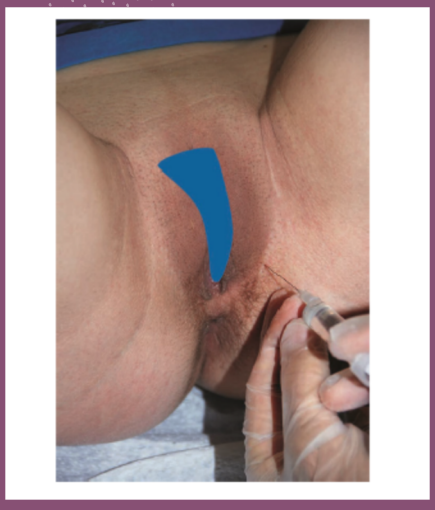
#13 P0 EDK. Vacuum. Grad 3A perineum
Infiltration Xylocain m. Adrenalin 10 ml.
Transcutan pudendus.

#14 P0 EDK. Grad 3B perineum
Opsprøjtet epidural, sutureret på OP

#15 P2 Grad 3 perineum
Lidocaingel 2%

Transcutan pudendus





Systematisk review

Ida Rønnov-Jessen

Dorte Hvidtjørn

FORMÅL

Ved reparation af perineal bristning efter fødslen at beskrive

1. Det rapporterede niveau af smerte under perineal reparation
2. Smertescore Instrumenter brugt til kvantificering af smerteniveauet

Systematisk review

Ida Rønnov-Jessen

Dorte Hvidtjørn

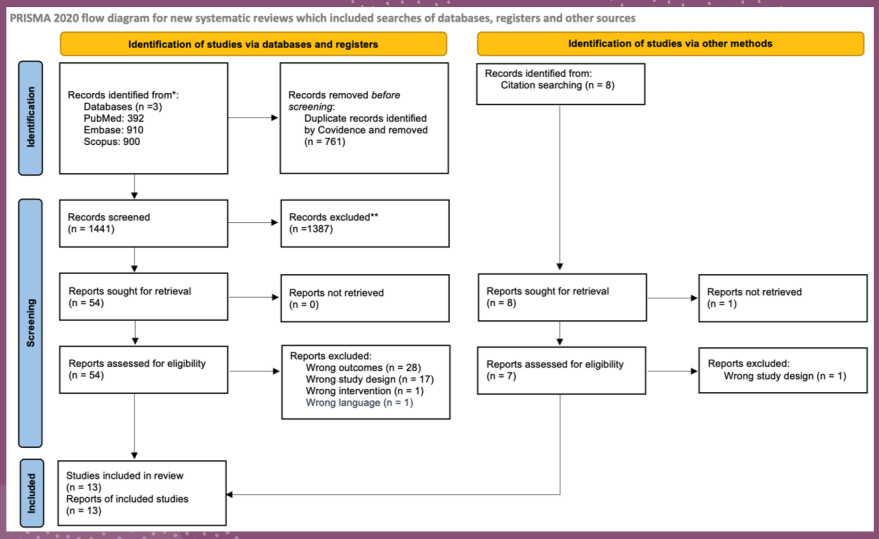
DATABASER: MEDLINE, EMBASE, and CINAHL 1/1-1980- 9/9-24

KEYWORDS AND MEDICAL SUBJECT HEADINGS (MESH): Kombinationer af følgende: "pain," "suturing," "perineal tears," "obstetric," "vaginal delivery," "suture materials," "anesthesia," and "pain assessment."

STUDIER: Originalstudier hvor kvantitative metoder er brugt til at vurdere smerte under perineal suturering. RCT, kohorte, case-control, case-serier (n>10)

EKSKLUSION: Studier der rapporterer smerte *efter* reparation eller hvor der ikke var spurgt til smerteevaluering *under* reparation

Systematisk review



Resultater

Geografi

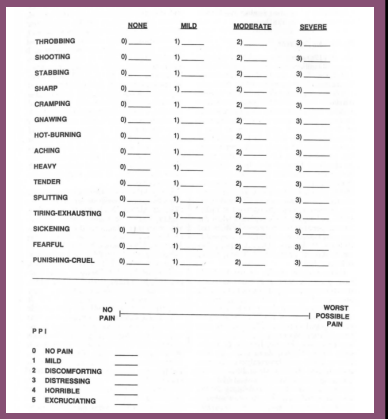
Afrika (N=1), Asien (N=4), Europa (N=5) og Sydamerika (N=1)

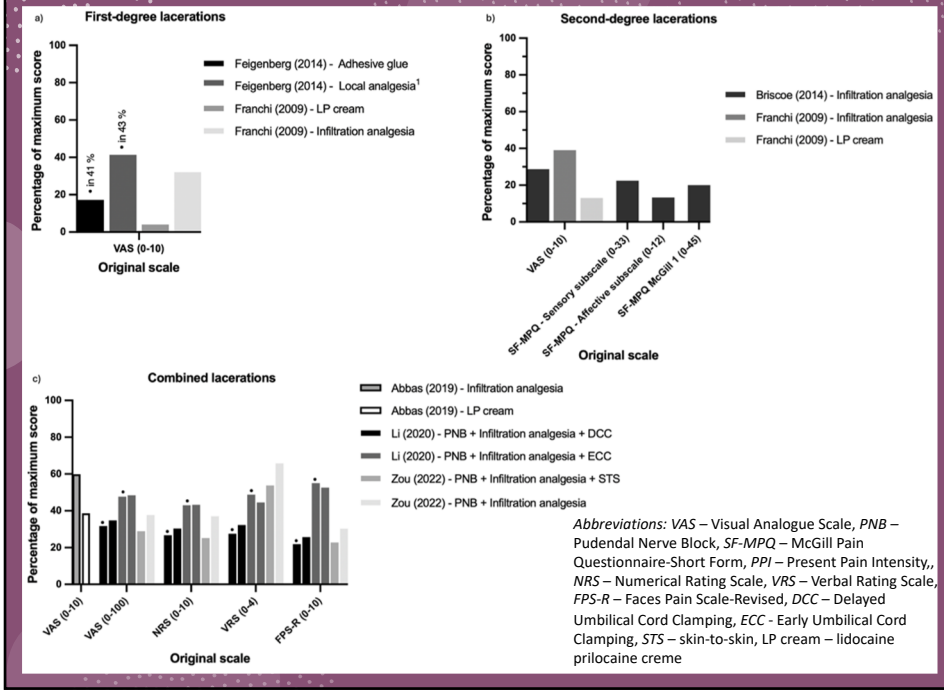
N=1.717 kvinder

11 RCT, 1 case-serie (Arslan), 1 mixed-methods study (Briscoe)

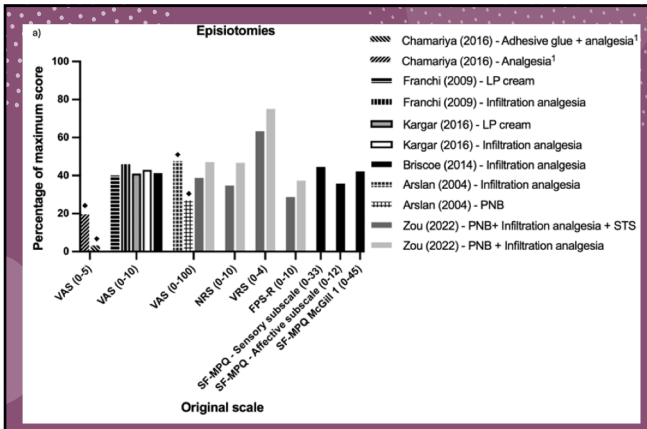
Resultater – smertescore instrumenter

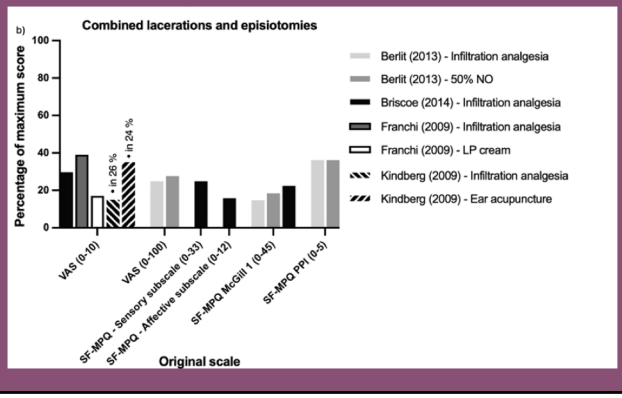
- VAS/visual analogue scale (n=9) 0-10, 0-100, 0-5
- NRS/numeric rating scale (n=3) 0-10
- SF-MPQ/Short Form McGill Pain Questionnaire (n=2) 0-45, 0-33, 0-12, 0-150
- 4-point verbal descriptive scale (n=1) ingen, mild, moderat, svær smerte
- Yes/no (n=1)
- VRS/Verbal Rating Scale (n=2) 0-4
- FPS-R/Facial Pain Scale Revised (n=2) 0-6





Abbreviations: VAS – Visual Analogue Scale, *PNB* – Pudendal Nerve Block, *SF-MPQ* – McGill Pain Questionnaire-Short Form, *PPI* – Present Pain Intensity,, *NRS* – Numerical Rating Scale, *VRS* – Verbal Rating Scale, *FPS-R* – Faces Pain Scale-Revised, *DCC* – Delayed Umbilical Cord Clamping, *ECC* - Early Umbilical Cord Clamping, *STS* – skin-to-skin, LP cream – lidocaine prilocaine creme





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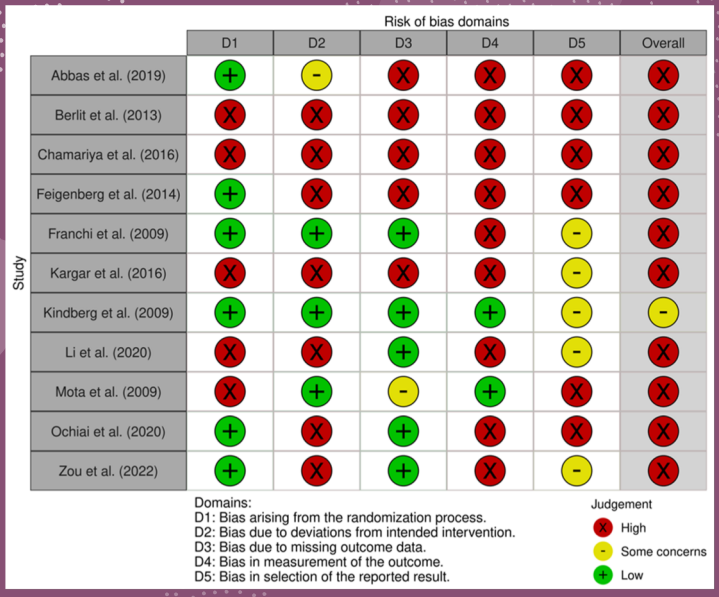
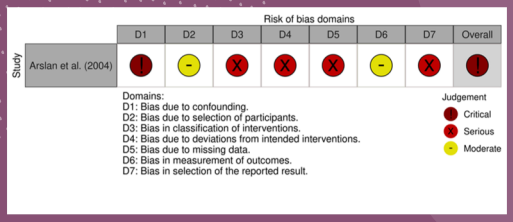


Cochrane Risk Of Bias In Randomised Studies (ROBINS-2) tool



Cochrane Risk Of Bias In Non-randomised Studies - of Interventions (ROBINS-I) tool

Transcutan pudendus

P → 70 fødende, ingen epidural, episiotomi suturering

I → Unilateral transcutan n. Pudendus Blokade med nervestimulator (15 ml of ropivacaine 0.75%) Gr. R

C→ Infiltration (10 ml of lidocaine 2%) Gr. X

O→ VAS "under" og efter suturering

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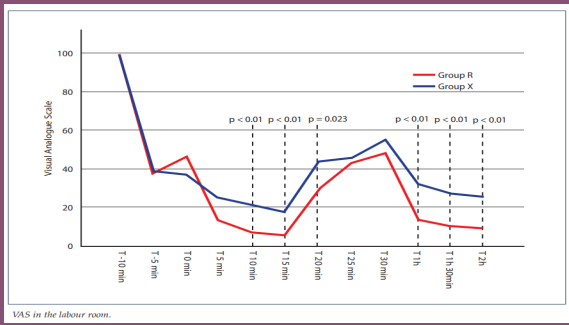
Pudendal nerve block *versus* usual lidocaine infiltration for pain relief in episiotomy repair: a comparative prospective study

Yasmine **Ellouze** [1,*], Melek **Jallouli** [1], Ali **Chaabouni** [1], Marwa **Abdelmoula** [1], Mohamed **Derbel** [2], Kais **Chaabene** [2], Anouar **Jarraya** [1], Kamel **Kolsi** [1]



VAS in the labour room.

Contents lists available at ScienceDirect

Midwifery

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ELSEVIER

A mixed methods study to explore women and clinician's response to pain associated with suturing second degree perineal tears and episiotomies [PRAISE]

Lesley Briscoe, MPhil, MSc, PGCE, RM (Senior Lecturer in Midwifery Education)[a,*],

Mixed methods study →40 kvinder og 21 klinikere

Observation: Lydoptagelse på fødestuen under suturering

Kvantitative data: McGill + VAS + Hospital and Anxiety Scale

Kvalitative data: Interview med kvinder + med klinikere

Contents lists available at ScienceDirect

Midwifery

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A mixed methods study to explore women and clinician's response to pain associated with suturing second degree perineal tears and episiotomies [PRAISE]

Key messages

1. Higher pain and psychological distress were related to a previous psychologically distressing event
2. Pain and distress were also related to concern about future functioning
3. Variation in practice occurred around how health professionals managed women's pain
   There is no information to identify what level of analgesia women are satisfied with
4. Style of communication could increase women's satisfaction about perineal suturing
   "Partnership style"

Hvorfor underbelyst?

1. Formodning omkring, at vi gør det sufficient med nuværende praksis → mangel på motivation til at undersøge alternativer eller forbedringer
2. Stor variation i teknikker og praksis for smertelindring – herunder brug af regional analgesi → svært at standardisere og udvikle guidelines
3. Smerte og ubehag er den del af den normale vaginal fødsel (?) → der identificeres ikke et behov for mere forskning

Review

Acute pain management after vaginal delivery with perineal tears or episiotomy

Xavier Luxey,[1,2] Adrien Lemoine ,[3] Geertrui Dewinter,[4] Girish P Joshi,[5] Camille Le Ray,[6,7] Johan Raeder,[8] Marc Van de Velde,[9] Marie-Pierre Bonnet ,[7,10] PROSPECT Working Group of the European Society of Regional Anesthesia and Pain Therapy

► Additional supplemental material is published online only. To view, please visit the journal online (https://doi.org/10.1136/rapm-2024-105478).

For numbered affiliations see end of article.

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ABSTRACT

Background A vaginal delivery may be associated with acute postpartum pain, particularly after perineal trauma. However, pain management in this setting remains poorly explored.

Objective The aim of this systematic review was to evaluate the literature and to develop recommendations for pain management after a vaginal delivery with perineal trauma.

Evidence review MEDLINE, Embase, and Cochrane databases were searched for randomized controlled trials (RCTs) and systematic reviews assessing pain after a vaginal delivery with perineal tears or episiotomy until March 2023. Cochrane Covidence quality assessment generic tool and the RoB Vis 2 tool were used to grade the quality of evidence.

- with perineal tears or episiotomy. The oral route should be preferred over the rectal route.
- ► Ice or chemical cold packs are recommended for postpartum pain first-line treatment due to their simplicity of use. The technique (either ice packs or gel pads) remains at the clinician's discretion.
- ► Transcutaneous nerve stimulation and acupuncture are recommended as adjuvants for postpartum pain treatment.
- ► Epidural morphine (≤2 mg) is recommended for postpartum pain treatment among women with labor epidural analgesia and severe perineal tears. Women treated with epidural morphine should have respiratory monitoring according to the Society of Obstetric Anesthesi-

Review

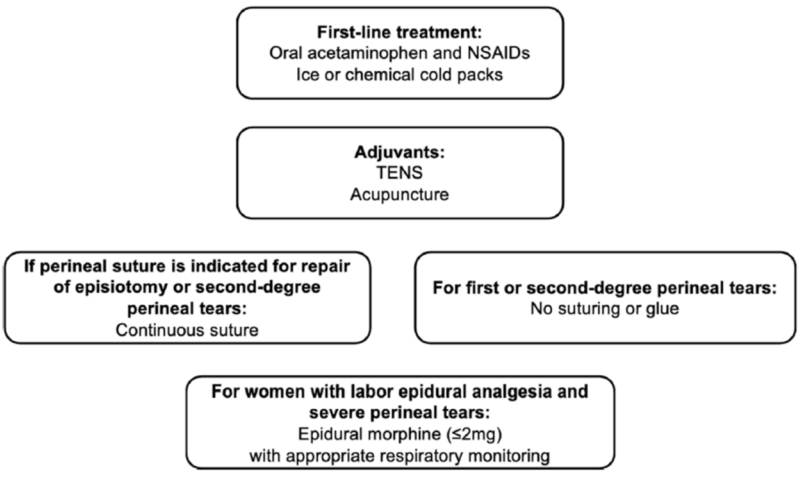


Figure 2 Algorithm for pain management after vaginal delivery with perineal tears or episiotomy.

Konklusioner

Få studier tilgængelige til at belyse smerteoplevelse til reparation af fødselsbristninger

Fleste med høj risiko for bias

Mange forskellige smertescore-instrumenter og betydelig variation i smerteoplevelse

Kompleks problemstilling

Transcutan pudendus insuffiicient belyst til smertelindring under suturering…

Perspektiver

Systematisk registrering af data fra vores fødegange

Systematisk indsamling af smertescore?

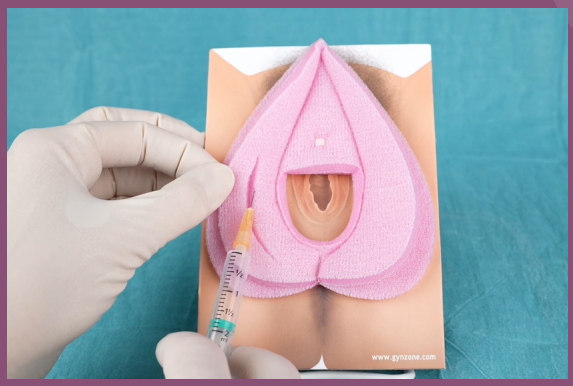
IRL feedback under suturering…

Mere evidens!

”Flowskema” til behandlingsstrategi

Spørgsmål?

Tak for opmærksomheden!



Udlånt af Gynzone