



CLINICAL GUIDELINE

Postoperative Analgesia 3rd or 4th degree tear

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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Important Note:

The online version of this document is the only version that is maintained.
Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

Greater Glasgow & Clyde Maternity Guidelines

Analgesia following 3rd/4th degree tear repair

This guideline is intended for all patients, although opioid requirements are likely to be less in those who have received neuraxial opioids

First 24h

- PARACETAMOL 1g qds
 - reduce dose to 500mg if bodyweight <50kg
- DICLOFENAC 50mg tds
 - starting 8-12h after 100mg diclofenac suppository if used
 - omit if genuine contraindication to NSAIDs (eg true allergy, previous gastric ulcer, asthmatics with known NSAID intolerance)
 - prescribe PPI/H2 antagonist if history of gastritis with NSAIDs
- **consider** ZOMORPH 20mg one dose (two 10mg tablets)
 - prescribe as once-only dose on Hepma
 - at least four hours after spinal/epidural opioid
 - timed to fit in with drug rounds (06:00, 10:00, 14:00, 18:00, 22:00), OR according to local protocol
 - reduce dose to 10mg if bodyweight <50kg
- **consider** ZOMORPH 10mg one dose (one 10mg tablet)
 - prescribe as once-only dose on Hepma
 - approximately 12 hours after the previous dose (timed to fit in with drug rounds OR according to local protocol)
- **consider** MORPHINE SULPHATE (IMMEDIATE RELEASE) 10mg as required (*SEVREDOL brand name in GCC)
 - up to once hourly (first dose AT LEAST two hours after MST)
 - if more than 3 doses requested, consider medical review
- **consider** DIHYDROCODEINE 30mg
 - up to once every 4 hours
 - if more than 4 doses requested, consider medical review
- **consider stool softeners for all patients receiving opioid analgesia**
- Please also prescribe at least one anti-emetic

Second 24h

- NO FURTHER Zomorph
- Dihydrocodeine 30mg 4hrly as required
- Continue regular PARACETAMOL and DICLOFENAC
- Obstetric review required if analgesic requirements inadequate

For discharge

- Discharge on regular PARACETAMOL and DICLOFENAC
- All patients should be offered DIHYDROCODEINE 30mg 4hrly (max 3 days supply)
- Patients requiring continuing opioid analgesia 5 days post-natally should be discussed with obstetrician

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