

## **UMass Post-Cesarean Pain Control Protocol for Women on Medication Assisted Treatment for Substance Use Disorder**

These are General Guidelines for women who undergo cesarean delivery while being treated with Medication Assisted Therapy (aka “MAT”.) Examples of MAT include – methadone, Suboxone, buprenorphine. These guidelines may also be useful for the woman maintained on chronic opioids. All women should have pain control tailored to their individual needs, histories and goals.

In general, we encourage continuation of MAT or prescribed chronic pain medications. Pain control is possible while on methadone or buprenorphine. Discontinuing these medications prior to surgery incur the risk of withdrawal or relapse. Patient and staff should anticipate that higher-than-average amounts of opioid may be needed to control the patient’s pain, particular the day of surgery and the 48-hour period afterward. All should be aware that undertreating pain can be a risk for relapse.

A history of substance use disorder is NOT a contraindication for using opioids to control pain in the hospital, or to prescribe these medications in the post-operative setting. NSAIDs and Tylenol should be used as first-line treatment for pain. TAP block should be considered as well. As an oral opioid will likely be used at some point during the post-cesarean patient’s stay, the use of these medications should be discussed in advance of the procedure whenever possible. A shared decision-making model should be used with each woman having input regarding what she is prescribed. Providers may want to ask if one medication might preferable to another. Questions can include:

- Has one medication been more effective in the past?
- Does she fear that one particular medication may trigger a relapse?
- Are there medications she wants to avoid?
- Does she want oral opioids brought to her on a scheduled basis in the first 48 hours after delivery? Would she prefer to ask for them? Will she be comfortable asking for more pain medication if she feels her pain is under treated?
- If she requires a prescription for opioid pain medication on discharge, does she have concerns about bringing these medications home?

A woman with substance use disorder should have short-interval postpartum follow-up as the postpartum period is a high-risk time for relapse. A short course of opioid pain medication can be provided on discharge, with the amount appropriate to her time to follow-up.

Below is a suggested alteration to routine post-cesarean orders, modified for the woman using MAT:

**Post-Operative Day X (day of surgery)**

Order additional opioid pain medicine:

- Percocet 2tabs q4 ATC x24h
- 5-10 oxycodone q2h PRN breakthrough pain
- LOW threshold for PCA
- Continue Toradol x48h

**Post-Operative Day 1:**

Continue additional opioid pain medicine. If on a PCA transition to PO meds:

- Continue Toradol 15 q6
- Percocet 2tabs q4 ATC (patient may refuse)
- Oxycodone 5mg 1-2 tabs q4h PRN breakthrough pain

**Post-Operative Day 2:**

- Toradol changed to Motrin (600 q6 ATC)
- Percocet 2 tabs q4 ATC (patient may refuse)

**Post-Operative Day 3**

- Standard pain control orders

**Post-Operative Day 4**

- Standard pain control orders
- consider a trial without opioids if the woman's goal is to leave without prescription for opioid pain medicine