

Patient-controlled anesthesia non-inferior after C-section

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all time points at rest and on movement, meeting the criteria for non-inferiority. More women in the patient-controlled oral analgesia group used morphine (58 versus 23 percent; $P = 0.002$); the median number of morphine doses was two in the patient-controlled group, versus one in the parenteral group ($P = 0.006$). Thirteen percent of [women](#) receiving patient-controlled oral analgesia had minor drug errors or omissions. The patient-controlled analgesia group more frequently had pruritus (37 versus 15 percent; $P = 0.03$).

"After elective [cesarean section](#), early patient-controlled oral analgesia is non-inferior to standard parenteral analgesia for [pain management](#), and can be one of the steps of an enhanced recovery process," the authors write.

More information: [Abstract](#)

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(HealthDay)—Early patient-controlled oral analgesia is non-inferior to standard parenteral analgesia for pain management after elective cesarean section, according to a study published online March 2 in *Anaesthesia*.

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Aurélien Bonnal, M.D., from the Arnaud de Villeneuve University Hospital in Montpellier, France, and colleagues compared the effectiveness of early patient-controlled oral analgesia versus parenteral analgesia in 77 women undergoing elective cesarean section under [regional anesthesia](#). Participants received analgesia with acetaminophen, ketoprofen, and morphine. Those with patient-controlled oral analgesia were given four pillboxes containing tablets and instructions for self-medication on the postnatal ward.

The researchers found that in the patient-controlled oral analgesia group, the one sided 95 percent confidence interval of the difference in mean pain scores was significantly lower than 1 at

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