



Use of Intrathecal Dexmedetomidine for Cesarean Analgesia in Parturients with Opioid Use Disorder (OUD)



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Background:

- Cesarean analgesia in OUD patients is challenging
- Some clinicians use IT morphine or IV PCA for postop pain
- Spinal dexmedetomidine (IT DEX) has been effective in some patients

Hypothesis

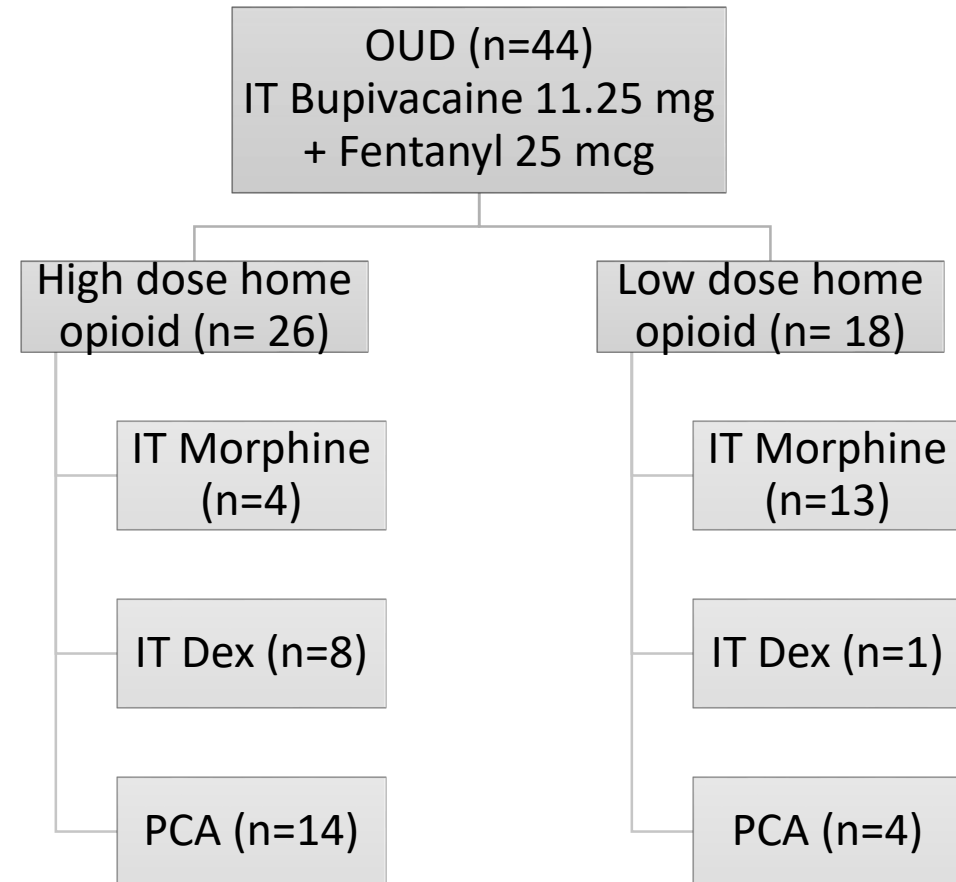
IT DEX would produce analgesia similar to IT morphine or IV PCA

Primary outcome

Visual pain scores (VPS)

Secondary outcomes

Hydromorphone equivalent dose
Hypothermia, sedation



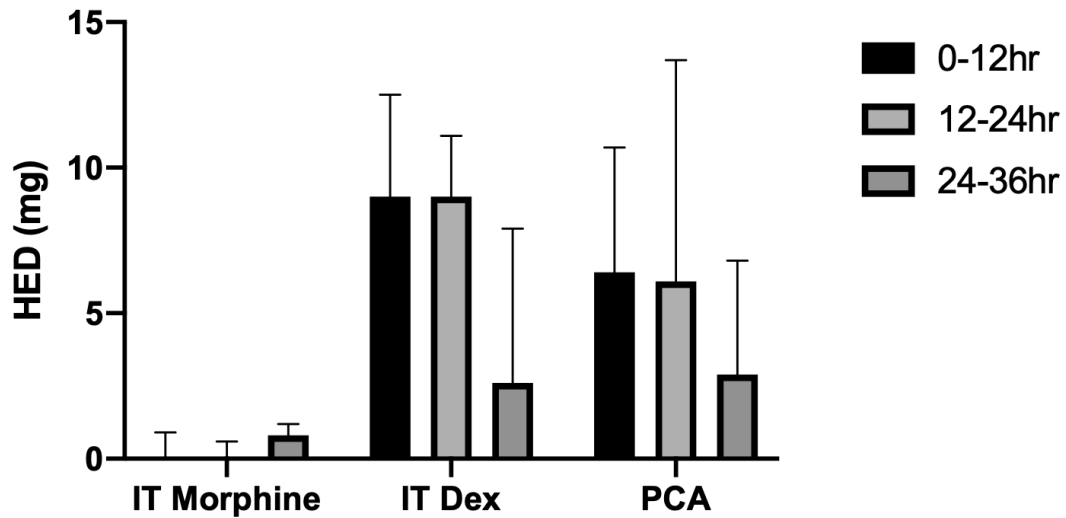
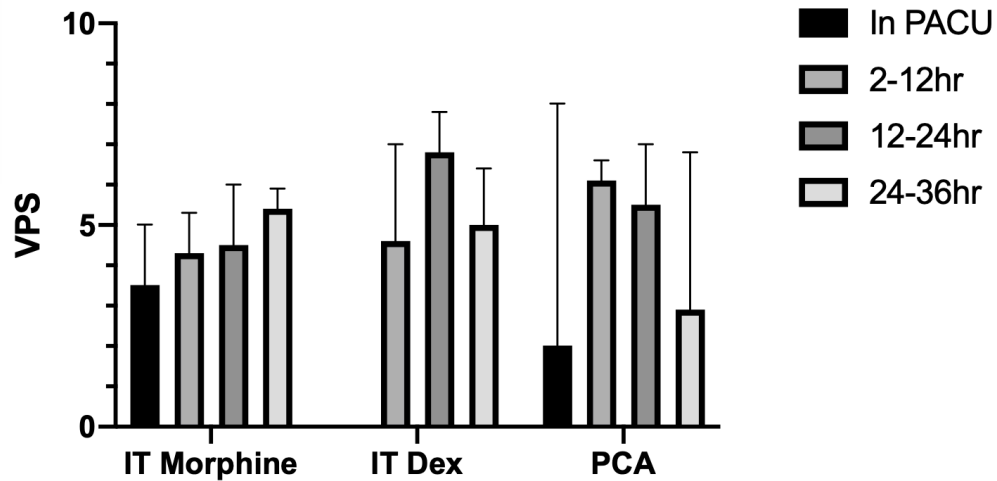


Fig. 1 Visual pain scores (VPS) and hydromorphone equivalent dose (HED) in the PACU and over 36 hours post-cesarean.

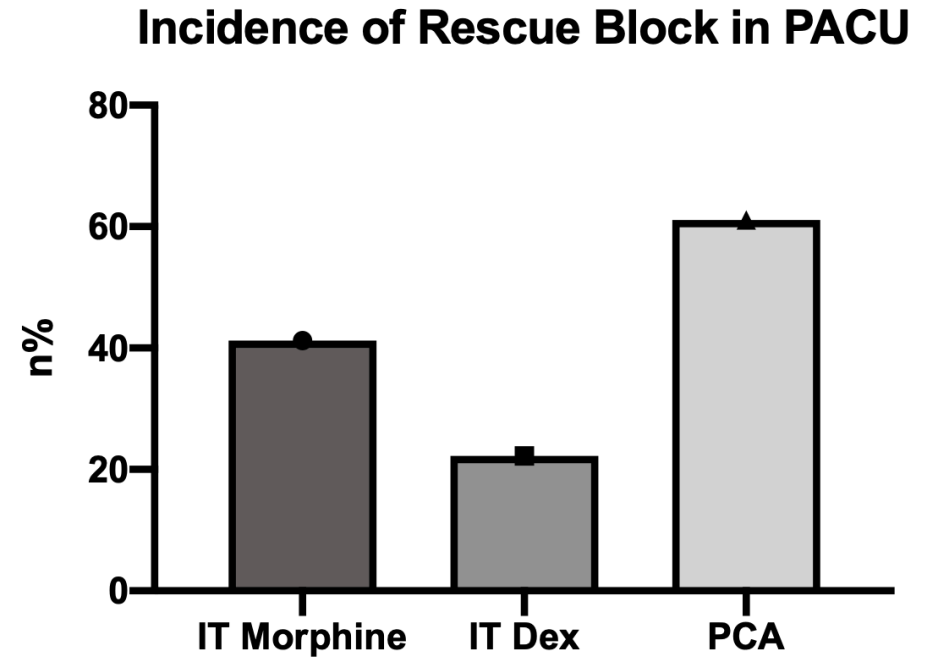


Fig. 2 Rescue TAP/QL blocks in PACU



KEY POINTS



Primary Outcome

- IT DEX: Lowest VPS in the PACU with no difference afterward
Fewest patients required rescue blocks in the PACU.

Secondary Outcomes

- HED (24 hr) lowest with IT morphine
- No difference in HED between IT Dex and PCA groups
- IT DEX not associated with postoperative hypothermia or sedation

CONCLUSION

- IT dexmedetomidine has a profound, but short-lived analgesic effect