St.Vincent
GYNECOLOGIC ONCOLOGY

Intrathecal Narcotic

There are many ways to provide pain control following a major abdominal operation. Perhaps the simplest is to give injections or shots of morphine or Demerol. A disadvantage of this method, in addition to the discomfort of the injections, is that there may be a delay between the need for medication and the injection. It takes additional time for the medication to take effect.

A second, and more recent technique, is the use of "patient controlled analgesia", (PCA). In this method, a computer-controlled pump is connected to an IV, and a small dose of pain medicine is administered by a computer when the surgical patient pushes a button. This method is entirely safe because the computer prevents overdose. The method requires cooperation and occasionally the dose medication will be inadequate to control pain. Additionally, the surgical patient must be alert enough to realize the pain medications can be given and to understand where the push button is and how to reach it. This PCA is not to be used by friends or family.

A third and highly successful means of immediate postoperative pain relief is called "intrathecal narcotic." In this technique, the anesthesiologist administers a very small dose of morphine and/or fentanyl before surgery into the spinal fluid. The small dose of narcotic blocks the pain fibers from the incision to the spinal tract and brain. Very little to no pain is felt from the surgical incision for about 24 hours. The advantage of this approach is that there is very good pain control for 24 hours postoperatively, frequently with no need for a push button or injections. We use this method in nearly all of our patients undergoing major abdominal or pelvic surgery because it has been so well accepted and satisfactory. In addition to pain control, the immediate postoperative period will be a time when the surgery patient is alert and able to follow instructions for such important procedures as deep breathing and incentive spirometry (breathing treatments). This is an important time to start the exercises to prevent postoperative pneumonia.

The most common complication from an intrathecal narcotic is itching. This can occur any place in the body and usually can be controlled with a dose of Benadryl. A small percentage of patients will have nausea, which can be treated with medication.

A second, very uncommon complication is a spinal headache. This is a headache, which is worse on sitting or standing and goes away when lying down. Usually, it can be treated successfully with medications and occasionally requires an injection near the site of original intrathecal narcotic.

Backache and nausea and vomiting are the other uncommon complications.

There are many options for postoperative pain management, and the best option varies with the individual patient. You will have the opportunity to discuss all methods of pain control with the anesthesiologist and your surgeon when you come in for your hospital stay. Please feel free to call if you have questions.

Gregory P. Sutton, MD & Michael Callahan, MD
St. Vincent Gynecologic Oncology
8402 Harcourt Rd, #420
Indianapolis, IN 46260
Office 317-415-6740 ~ Toll-free 888-488-1145