Preoperative analgesia with local lidocaine for cesarean delivery pain relief


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Objective. The purpose of this study was to determine whether local analgesia at the incision site could reduce pain in women undergoing cesarean delivery or not.

Methods. One hundred and four women undergoing cesarean deliveries were randomized in two groups according to 10 ml of 2% lidocaine (n=52) or 0.9% saline (n=52) was injected at the abdominal incision prior to the performance of the cesarean section (CS). Postoperative pain treatment consisted of oral analgesia with mefenamic acid 500 mg. Morphine 5 mg was used for rescue analgesia. Pain intensity was self-evaluated with visual analog scale. Data were analyzed by SPSS software version 11.5 and p value <0.05 was considered significant.

Results. Women in lidocaine group perceived a significant reduction in postoperative pain in the first hours after surgery. There was also significantly less opioid analgesic requirement in the lidocaine than control group 4 h after CS (19 vs 44 women, p=0.001). No side effects were reported in either group.

Conclusion. Preemptive analgesia with lidocaine infiltration at the incision is a simple and efficient mode with few side-effects that may reduce pain and opioid requirements in women undergoing CS.