

## Background

Enhanced recovery programmes recommend intrathecal opiates as part of a multimodal analgesic regime. However there remains variability in recommended dose and little evidence to guide clinical practice in this group of patients.

## Aims

1. To identify trends in post-operative analgesia requirement, nausea and vomiting or adverse respiratory events at our hospital.
2. To review current practice at our hospital before implementing proposed trust guidance to use an intrathecal diamorphine dose in the range of 350 to 500 micrograms for colorectal surgery.

## Methods

The acute pain team identified 36 colorectal surgical patients who received intrathecal opiates during a 1 month period. Data was collected retrospectively from anaesthetic charts, recovery room charts and pain management records (PCA, spinal obs, rectus sheath catheter obs)

## Demographics

Male n = 25 Female n = 11

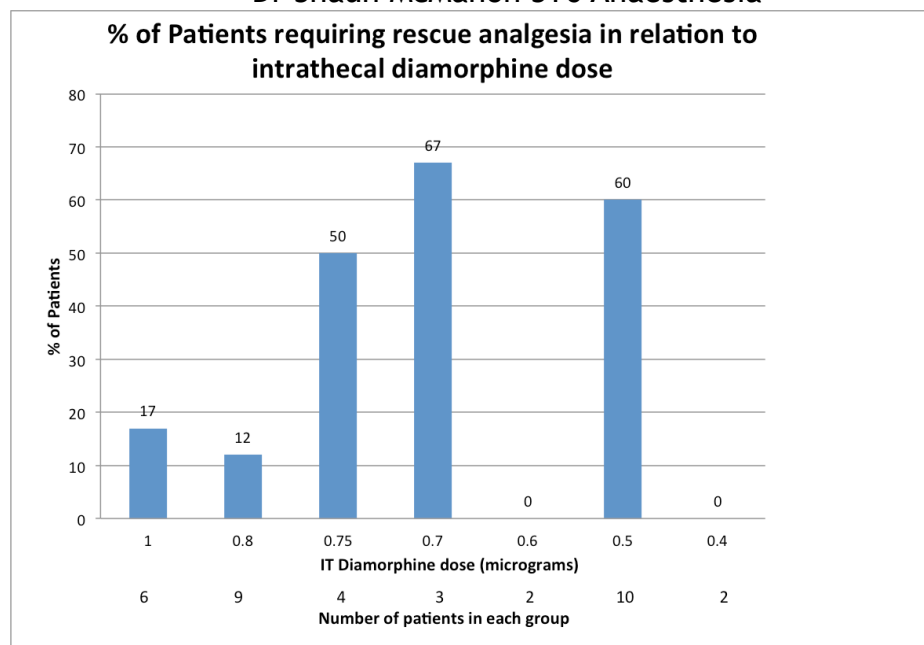
ASA I n = 1  
 II n = 22  
 III n = 12  
 IV n = 2

Open surgery n = 21

Laparoscopic n = 14

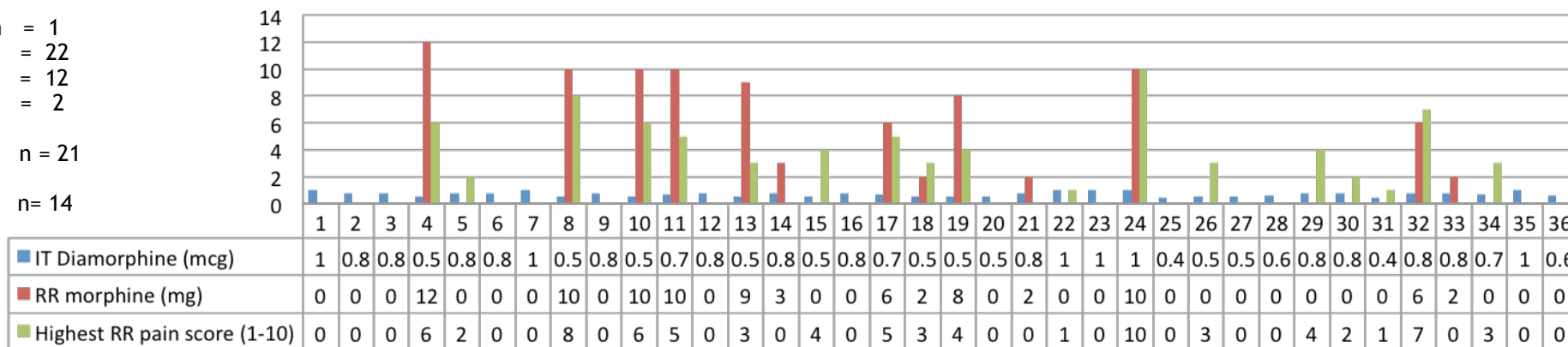
# What is the most appropriate dose of intrathecal diamorphine (IT) for elective colorectal surgery?

A Pilot study  
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**Conclusions** An Intrathecal dose in the range of 500 mcg to 1 mg appears safe, suggesting 500 mcg as minimum. Higher doses are associated with less rescue analgesia required in the recovery room period. It would be useful to recruit larger numbers in a prospective study to investigate this further.

## Comparison of IT diamorphine dose, recovery room (RR) morphine dose and pain score for each patient



## Results

- 35 patients received subarachnoid blockade:
- 9 patients 0.25% Levobupivacaine (1-5mls)  
 26 patients 0.5% Levobupivacaine (2-3.5mls)
- 36 patients were administered Intrathecal diamorphine in the ranges 400 mcg - 1 mg.
- Intra-operative opiates (IV) were administered to 31 patients (86%).
- Rectus sheath catheters were used in 17 patients and Patient controlled analgesia prescribed for 34 patients.
- PONV scores were low with 81% scoring zero.
- No patient required respiratory support or reversal agents. Lowest recorded respiratory rate was 9 and plethysmography 91% in the post operative period.
- Higher doses of intrathecal diamorphine were associated with less morphine required and lower pain scores in the immediate recovery room period.