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Long-term pain following Caesarean section

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Abstract

Persistent pain as a complication of various common types of surgery has been researched for many years. Therefore, it is surprising that the rising rate of births via Caesarean section (CS) is not reflected in the amount of research into post-CS pain. The literature on pain following CS is reviewed. Initial exploration by the present author suggests that, despite its incidence in research, post-CS pain is almost unknown to healthcare practitioners. A thematic framework was used to develop a postal questionnaire that will be sent to over 600 women who have had a CS within the past 6–30 months. The main aim of the research is to make recommendations for changes in healthcare.

Keywords: Caesarean section, framework analysis, pain.

Introduction

Persistent pain as a complication of various common types of surgery has been researched for many years. Its incidence varies according to the type of surgery and even on an individual basis, but generally, a minimum of 5% of patients can expect to suffer from long-term pain after an operation (Macrae 2008). Therefore, it is surprising that the rising rate of births via Caesarean section (CS) is not reflected in the amount of research into post-CS pain.

Literature review

The first paper investigating pain following CS found that 12% of women experienced long-term pain in the operated region (Nikolajsen *et al.* 2004). The mean time following surgery was over 10 months. Nearly half of the subjects in this study experienced the pain daily or almost every day. It took another 4 years for pain intensity to be investigated in a large study of pain following the Pfannenstiel incision, which is commonly used for CS (Loos *et al.* 2008). At a median 26 months after CS, pain was felt constantly or frequently by over 8% of participants, and nearly 9% described it as moderate or severe. The overall incidence of pain was over 30%. These figures are likely to be representative of the

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CS group because 93% of respondents had undergone a CS. Thirty-two women with moderate to severe pain were followed up with an examination: 17 were found to have experienced neuropathic changes, 12 had problems with tissues in the scar area and three had pain of gynaecological origin.

Internet search

Initial exploration by the present author suggests that, despite its incidence in research, post-CS pain is almost unknown to healthcare practitioners. In order to find out whether research findings reflect the experience of women with a CS, an Internet search was carried out using a common search engine. It did not take long to find over 160 personal accounts of women asking for and providing information and advice on the subject. The limitations and risks of Internet research, such as unknown demographics and selection bias, limit the use of these data in a full analysis (Eysenbach & Wyatt 2002). Therefore, framework analysis (Pope *et al.* 2000) was used to develop a thematic framework of issues reported by women.

Framework analysis

Framework analysis identified the following themes:

- symptoms, such as pain, numbness or hyperaesthesia;

- symptom intensity, ranging from slight to debilitating;
- aggravating factors, such as touch, activity and clothing;
- timescales; for example, duration of symptoms;
- tissue quality and appearance, such as redness, infection or scar deformity;
- cognition and emotions, such as concerns about tearing or adhesions; and
- healthcare responses, ranging from explanation and reassurance to dismissal and more surgery.

Postal questionnaire

The thematic framework was used to develop a postal questionnaire that will be sent to over 600 women who have had their CS at Southend University Hospital NHS Foundation Trust, Westcliff-on-Sea, Essex, UK, within the past 6–30 months. Some of the respondents will be followed up by telephone interview in order to gain more in-depth information.

The main aim of the research is to make recommendations for changes in healthcare. It is driven by the discrepancy between the incidence of post-CS pain in research and in clinic, and is fuelled by the observation that women may not

get the answers or help that they feel they need. It is anticipated that the research will suggest an important role for physiotherapists as providers of information, reassurance, advice and treatment.

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Hubert van Griensven is a consultant physiotherapist at Southend University Hospital NHS Foundation Trust. He has an interest in persistent pain and holds an MSc in Pain from King's College London. Hubert is the author of Pain in Practice: Theory and Treatment Strategies for Manual Therapists. The study described in the present article forms part of his PhD at the University of Brighton.