OB Anesthesia Guidelines

Management of Patients on Methadone, Subutex or Suboxone

**Labor patients:** Same management for any of the three drugs

1. Continue the dose the patient was taking before throughout labor.
2. Consider early epidural.
3. Postpartum ibuprofen 600mg PO q 6 hours.
4. Postpartum Tylenol 975 mg PO q 6 hours.

**C/section patients:**

1. Sequential compression device for VTE prophylaxis in OR.
2. CSE for surgery with epidural catheter left in place for post-operative pain management
3. Add intrathecal opioids for methadone patients.
4. Do not add intrathecal opioids for suboxone or subutex patients.
5. Same for epidural administration if converting labor analgesia to surgical anesthesia.
6. SQ Heparin 5000 units BID is okay unless there are other contraindications. Consider waiting 4-6 hours after last heparin dose before removing the catheter.
7. Order PCEA bupivacaine 0.1% at a rate of 7-10 cc continuous, patient bolus 2 cc q 20 minutes.
8. Ensure epidural is working adequately before initiating PCEA. Give lidocaine bolus after the spinal has worn off and assess that an adequate level has been achieved.
9. Give prescribed methadone dose in divided doses 4 times per day.
10. Subutex or suboxone should continue to be taken before and after the c/section. After delivery, give the prescribed medication in divided doses 4 times per day. An additional 25% can be administered after the c/section if needed.
11. Ibuprofen 600 mg PO q 6 hours.
12. Tylenol 975 mg PO q 6 hours.
13. Oxycodone if needed.
14. Maintain epidural for at least 24 hours.
15. Consult Pain service if patient still has poorly-controlled pain.