

# The Impact of Abdominal Binders on Opioid Use and Post-Operative Pain After Cesarean Birth: A Mixed Methods Designed Study

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## INTRODUCTION

In the United States, one in three individuals deliver their baby via Cesarean which is considered a major abdominal surgery and the most common surgical procedure in the United States. Individuals routinely receive medications to assist with postoperative pain management. Due to the multiple side effects of opioids as well as the national growing concerns related to addiction of these agents, there is interest in using multi-modal treatments to achieve adequate pain control for postoperative individuals.

## OBJECTIVES

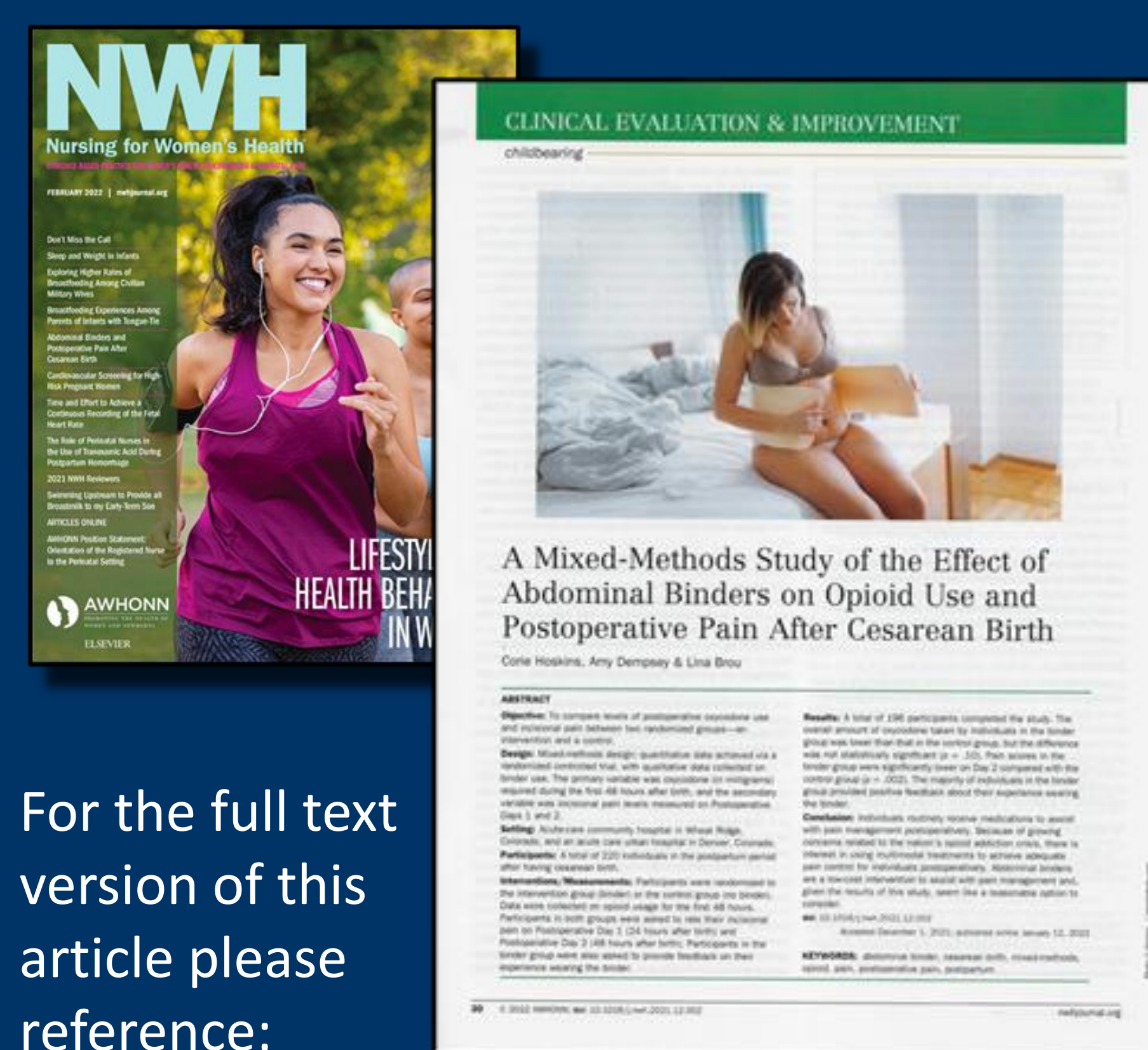
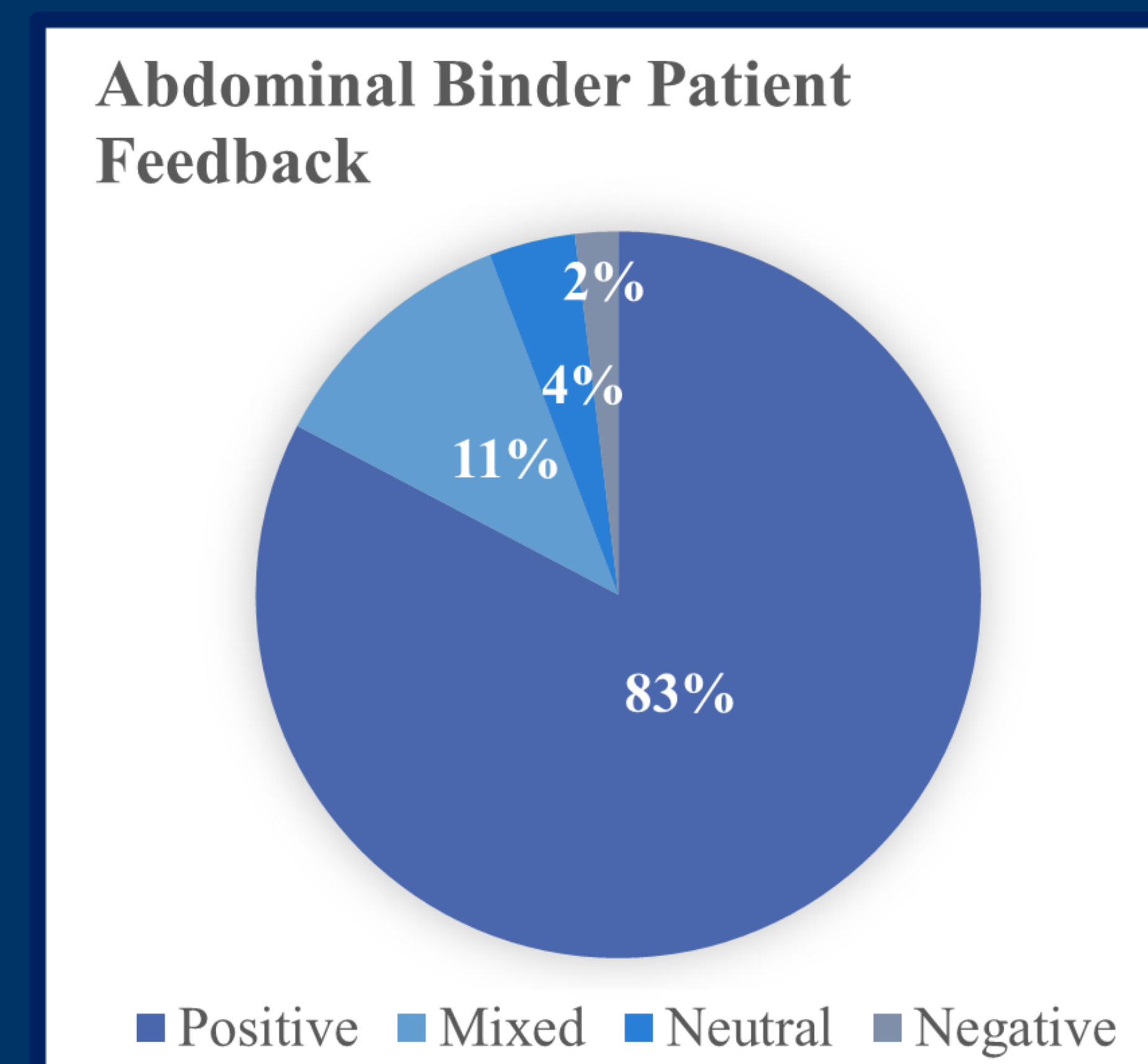
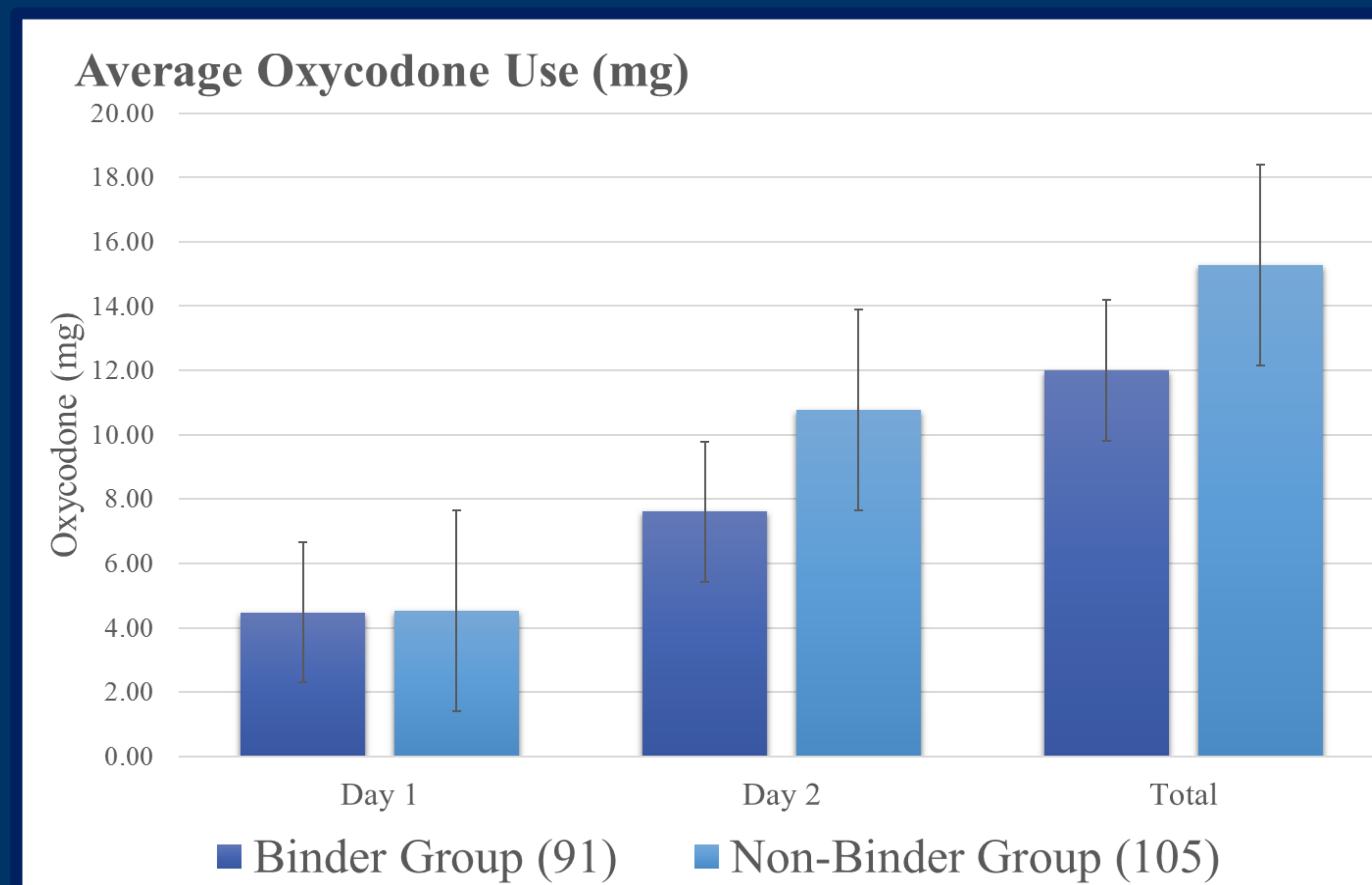
To determine if the use of abdominal binders in the immediate postpartum period after Cesarean decreased opioid use for pain management and decreased self-reported pain levels.

## METHODS

- Patients randomly assigned to 2 groups (Intervention, Control)
- Both groups rated pain using a visual analog scale (VAS) at 24 and 48 hours post-delivery
- Intervention group also given a survey at 48 hours rating abdominal binder experience
- Data collected from 8/1/2018 – 9/10/2020
- Primary measured variable: opioid use over the first 48 hours post-delivery
- To achieve statistical significance: 50% reduction in opioid use

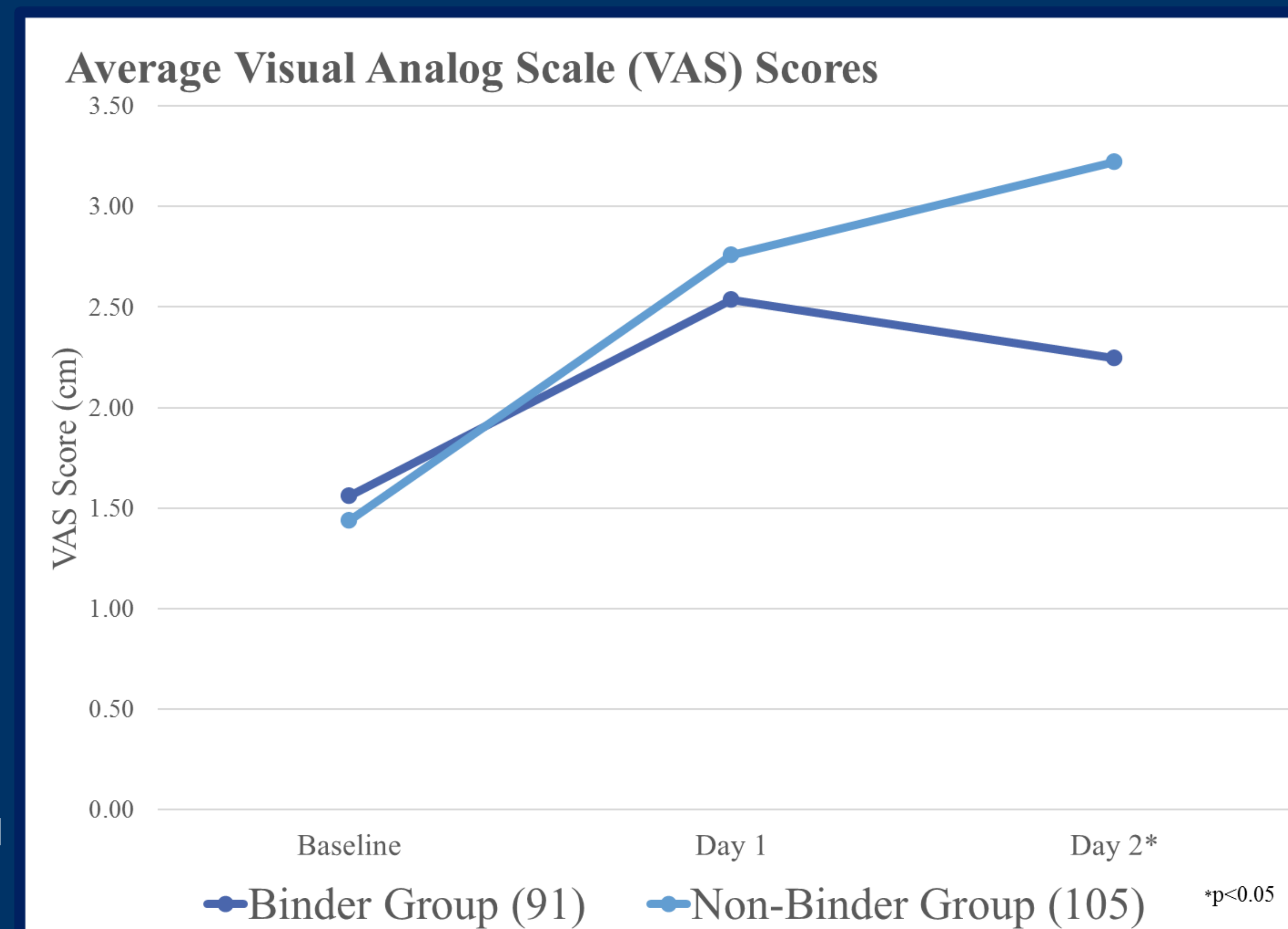


Abdominal binders are a **low-cost intervention** that may decrease a woman's need for oxycodone & help reduce post Cesarean pain.



For the full text version of this article please reference:

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## RESULTS

- Sample size: 220 participants
- Statistically similar demographics between both groups
- Average oxycodone use less in the binder group than the control group (p=0.10)
- Average VAS scores between the two groups similar at baseline and Day 1 post-op
- Binder group reported a significant decrease (p=0.002) in their pain score on Day 2 vs. control group (continued to report increase in pain level)

Qualitative feedback from intervention group:

- 83 % positive
- 2% negative, 4% neutral and 11% mixed
- 96% would recommend this intervention to other women having undergone a C-section

