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Effect of Dexamethasone as an Adjuvant Analgesic for Quadratus Lumborum Block Following Cesarean Delivery: A Retrospective Review

Introduction: Dexamethasone has been proposed, yet controversial, as a potential adjuvant analgesic in patients. However, studies analyzing its effect as an adjuvant following cesarean delivery remains limited and unclear. The purpose of this study is to analyze the effect of perineural dexamethasone as an adjuvant analgesic for quadratus lumborum block (QLB) following cesarean delivery.
Methods: Charts of patients who received a QLB after cesarean delivery during 2017-2021 were reviewed. Patients were divided into a control group who did not receive dexamethasone and a study group, those who received dexamethasone. In addition to baseline demographics, outcome variables studied were opioid request rate, time to first rescue opioid analgesia, and opioid consumption measured as morphine milligram equivalents (MME). Statistical analysis was performed using ANOVA, Fischer's exact test, or $\chi 2$ test when appropriate. P< 0.05 was considered significant.
Results: Of the 175 patients who received a QLB after cesarean delivery, 144 patients (82.3%) met inclusion criteria. 56 patients (38.9%) did not receive perineural dexamethasone with QLB while 88 patients (61.1%) did. Patient demographics were comparable between the two groups with the exception of Pre-QLB sedative received (26.8 % vs. 44.3%). There was no significant difference in the opioid request rate between the control and study groups after receiving a QLB. Interestingly, there was an observational difference in median time to rescue opioid analgesia between the control and study groups. Analysis of median MME consumed revealed no significant difference.
Conclusion: Our results suggest that dexamethasone may potentially act as an adjuvant analgesic for QLB following cesarean delivery. However, analysis with an increased sample size is needed to draw any conclusions. Further studies investigating potential adjuvant analgesics is needed to provide adequate pain management in women undergoing cesarean deliveries.