Pain Management for Pregnant & Nursing Cats & Dogs

Analgesia and Anesthesia for the Ill or Injured Dog and Cat

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Evidence Based Veterinary Studies

* None on acute, sub-acute to chronic use of analgesics in pregnant and lactating dogs and cats

 Many peri-caesarian section analgesic/anesthetic regimens have been recommended and used with no apparent ill effects

PREGNANT AND NURSING CATS & DOGS

★May

- Sustain injuries
- Require a surgical procedure
- Acquire a painful illness
- *All require analgesic management

Factors that may alter drug absorption during pregnancy

- ★ Decreased gastrointestinal motility→↓
- ***** Esophageal reflux and vomiting $\rightarrow \downarrow$
- * ↑ cutaneous blood flow may enhance absorption of transdermally administered drugs BUT
 - \uparrow total body water → \uparrow volume distribution
 - \uparrow total body fat → \uparrow volume distribution
- Reduced serum albumin due to dilution
- * Altered hepatic enzymatic activity drug dependent
- Increased renal function drug dependent

- Wunsch MJ Clin J Pain 2003;19(3):148–55.



- Water soluble, protein-bound, polar or ionized ↓ transfer across the placenta
- ✓ Placental thickness ↓ as placenta ages
 →↑diffusion

Placental Transfer of Opioids

Highly lipophilic drugs have more rapid placental transfer

- Transfer of meperidine>sufentanil>butorphanol, buprenorphine,nalbuphine>fentanyl>methadone
 hydromorphone>oxymorphone>morphine
 - Fetal-to-maternal transfer is also rapid

Short term administration not a problem

What Dose of Analgesic For Pregnant Animals?

A standard dose of analgesic – opioid

 may be too high for the same level of pain in non-pregnant animals

How good are we at assessing pain?

- Not 100% accurate
- Not 100% of the time

Opioid Administration

All ill or injured patients should have IV access

- Facilitate administration of medication
- Always titrate an opioid slowly to effect to
 - avoid nausea, vomiting, dysphoria, panting
 - avoid morphine in cats due to slow action
- Where pain still exists, add another class of analgesic



Post-op Laparotomy





Titrate To Effect****



Opioid Selection

Methadone safe

- Dogs IV & IM routes only
- Cats IV, IM & oral transmucosal route

★ Fentanyl

- Transfer \rightarrow fetal brain
 - Fentanyl patch in 2 human patients minimal fetal effect
- Sufentanil > transfer than fentanyl
 - \uparrow reuptake back into the maternal circulation

Opioid Selection

***Hydromorphone**

– May →fetal tachycardia →caesarian

* Morphine

- Fetal withdrawal syndrome, respiratory depression
- avoid IV in cats

* Butorphanol

- Rapidly crosses placenta \rightarrow neonatal concentration $\uparrow 0.4-1.4X$ maternal plasma

Opioid Selection

*****Buprenorphine

- Concentrates within placenta
 - transplacental transfer to fetus very low
 - effect on fetus dependent on serum levels
 - Mild to non-existent withdrawal symptoms in newborn of mothers treated for several weeks during pregnancy Nanovskaya T J Pharmacology & Expt Therap 2002;300:26-33

*****Tramadol $\rightarrow \uparrow$ fetus

- Very poor analgesic

Opioid Reversal

Naloxone does not alter transfer or clearance of morphine across placenta

- Retention of naloxone by placenta
 - Prolonging fetal exposure of opioid
- Antagonism likely by direct actions on fetal mu receptors
 - Kopecky E Life Sciences 1999;65;2359-2371





High fetal serum levels *Pulmonary hypertension ***?** Cardiac, orofacial defects in babies Prolonged gestation Very little known about current NSAIAs in cats and dogs

Bottom line – do not administer



Ketamine

Rapidly crosses to the fetus in animals

- no fetal defects observed in rats, mice, rabbits & dogs
- No reports in the veterinary or human literature examining the effects on the mother or fetus at doses used for analgesia (0.2-1.0mg/kg/h)
 - 2mg/kg administered to human mothers prior to delivery → profound respiratory depression and ↑ muscle tone of the infant at birth

Increases uterine contractions

• Oats JN et al Br J Anaesth 1979;51:11636

Miscellaneous – not recommended

*Acupuncture

- Can induce labour
- Not recommended during pregnancy
- *Alpha-2s
 - xylazine, medetomidine, dexmedetomidine
 - Not recommended

Thiobarbiturates - Not recommended
 Amantadine – Not recommended

Miscellaneous

*Gabapentin

- Did not →↑ adverse effects in a human study
- Short term use appears safe
 - Case study pregnant mare 2.5mg/kg for 6 days due to neuropathic pain

Normal foal

Pregabalin not recommended due to adverse fetal effects

Caesarean - opioids

 ★ Epidural administration of fentanyl or sufentanil did not alter vigour of babies
 ★ Combined with bupivicaine

 Loftus JR Anesthesiology 1995;83():300-308
 ★ Engorged epidural blood vessels→↓epidural space by 30-50%→↓volume of drug admin

Caesarean - opioids

 ★ Epidural morphine reduces post-op analgesic requirements in humans
 ★ Avoid buprenorphine beyond immediate post-op →↓ milk production

Caesarean - Opioids

Retention of morphine by placenta ~ 60 mins after administration ceases

- Prolonging fetal exposure
 - Kopecky E Life Sciences 1999;65;2359-2371

Should lack of vigor or respiratory depression occur in puppies or kittens due to opioid administration

 one-drop of naloxone (0.4 mg/ml) under the tongue with further titration to effect will reverse adverse effects

Caesarean

***Local anesthetics**

- No effect on neonate
- Recommended

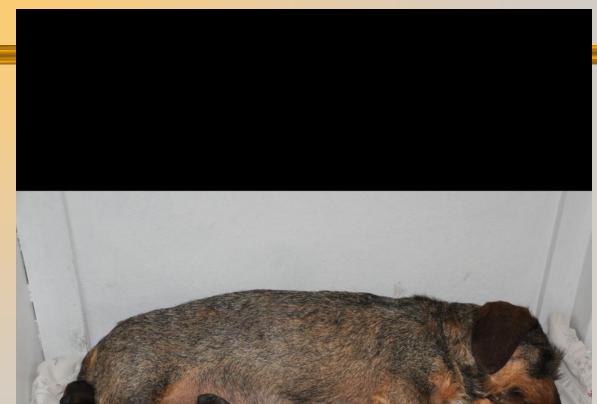
*****Post-C-Section

- NSAIA: DOGS carprofen 2mg/kg
 - Less concern for hemorrhage
 - Undetectable levels in milk



Nursing Patients

1/K





Nursing Patients

Characteristics of a drug which facilitate secretion into milk, similar to placenta and blood-brain barrier

It is estimated that the neonate receives approximately 1% to 2% of the maternal dose of a drug

Britt R. Am J Nurs 1999;99(9):20

Nursing Patients

Morphine & metabolite in colustrum low
 Methadone, oxymorphone OK

Hydromorphone in breast milk less than 1/10 of a recommended dose for neonate

* Acetaminophen (not cats) & methadone (oral not absorbed in dogs) levels do not justify interruption of nursing

- Baka N-E Anesth Analg 2002;94:184-187
- Edwards JE et al Pharmacoptherapy 2003;23:153-158

Oxymorphone safe for this litter



*****Meperidine

- Highly lipophilic
- Single dose is of no risk, repeated dosing may be a problem

Wittels B et al Anesthesiology 1990;73:864

★Buprenorphine→↓ milk production

– Lindemalm S J Hum Lact. 2009;25(2):199-205

★ Diazepam → neonatal sedation
 ★ Amantadine – not recommended



 COX-2 required for kidney development
 Veterinary approved drug levels measured in cows' milk is an indication of drug presence in breast milk

- Carprofen not detected in cows' milk
- Meloxicam high levels in cows' milk

NSAIAS Carprofen

*****Post-caesarean

- 2mg/kg SC followed with
- 2mg/kg PO q12h for 6 days
- Milk assays performed daily ~ 4 hrs postadministration of carprofen
 - all levels below low-end limit of analyzer range

* Follow-up on puppies 5 -106 (41.9) months

 Serum creatinine on all subjects within normal reference ranges

* SR Escobar Proceedings for the Society for Theriogenology September 2016;8(3): 191



 Short-term in humans has low potential for adverse effects in breastfed infants

- Bloor M et al Int J Obstetric Anesthesia 2012;21:163–167
- * Anecdotal evidence in dogs
 - RARE potential efficacy
 - MORE COMMONLY extreme sedation and inability to care for the puppies



Amitriptyline

***Less toxicity than imipramine**

- low concentrations in breast milk
- May be administered to manage preexisting chronic or neuropathic pain
 - do not administer with tramadol
 - seizure may occur
 - Newman K. American Journal of Psychiatry. 1980;137:855–856.
 - Misri A. International Journal of Psychiatry in Medicine, 1991;21:157–171

Local Anesthetics

- * At therapeutic doses the concentration of lidocaine & metabolites in breast milk are small & not a risk for the infant
- * No risks have been reported in veterinary patients following line block for C-section
- Bupivicaine diffusion catheters in humans safe levels for infants
- Protect catheter from puppies and kittens





* No reports on measurements but expected to pass into breast milk

* Post-C-section suckling in humans no reported adverse effects



Due to the multi-ingredients & lack of information on toxicity in infants Not to prescribe

• Ostrea EM. Pediatr Clin N Am 51 (2004) 539– 579

Do Not Withhold Analgesics

***Opioids & others**

- * nurse at trough level, avoid nursing at peaks
- If analgesia is essential with concerns for potential toxicity in the offspring
 - * pump & discard milk for 12 hours before resuming suckling
 - * puppies and kittens should be bottle fed



Non-Pharmaceutical

***** Physio, comfort, hot or cold packs etc

* Nursing releases oxytocin which MAY be a slight adjunct analgesic

