Introduction. Nowadays the number of caesarean delivery has increased dramatically. Although, high quality postoperative analgesia is essential, quite often the pain relief is not reached adequately.

Aim, Materials and Methods. The aim of the study was to assess the analgesia quality provided after caesarean delivery.

In prospective research, there were included 22 adult elective parturients. The exclusion criteria were mental disease, twin pregnancy, alcohol abuse. All patients received single shot spinal anaesthesia with Bupivacain 10 mg and Phentanyl 10 mkg. After the delivery, standardised analgesia regime was used with non-steroidal anti-inflammatory Supp. Diclofenac 100 mg p/r combined with Paracetamole 1 g p/o every 12 hours. Rescue analgesia with Sol. Promedol 2 % – 1 ml i/v was administered if pain intensity reached > 4 evaluated by VAS. Patients were asked to rate their maximum pain within the last 24 hours postoperatively using standardised pain assessment questionnaire. Primary outcome was to assess maximum pain intensity at 24 hours postoperatively. Secondary outcomes included the time needed for rescue analgesia.

Results. In total, 22 patients were included, with a mean age of 33 ± 6.6 years. The average duration of spinal anaesthesia was 120 ± 30 minutes, and caesarean section time 50 ± 20 minutes. The first complains of the pain appeared in 180 ± 90 minutes reaching VAS 7–10 in 60 % (n = 13) of cases, VAS 4–6 in 27 % (n = 6) and 13 % (n = 3) mentioned light pain VAS 1–3. Rescue analgesia was asked in 48.8 % and was treated in less than 30 minutes in 82 %, in 30 min up to one hour in 4.4 %, and in more than one hour in 13.6 % cases. 82 % (n = 20) of parturients were satisfied with analgesia quality.

Conclusions. The pain after elective caesarean delivery is poorly treated because 60 % of parturients complained of severe pain 24 hours postoperatively. Nevertheless, rescue analgesia was administered timely. Therefore, most of the parturients were satisfied with the pain management.