Conclusions Our study is the first randomized double-blind trial to investigate the effects of IM on urodynamics after CS under SA. The addition of IM delayed voiding by 3 hours with no effect on urodynamics or PMRV. Future studies should investigate the risk-benefit ratio of adding IM in SA for elective CS.

Methods Observational study in 31 patients.

The medication was accorded by the current protocol:
- Initial epidural bolus with bupivacaine 0.125 - 0.25% 5 - 15 ml
- Continuous epidural infusion of bupivacaine 0.0625% 8 - 12 ml/h
- Rescue medication boluses with bupivacaine 0.125 - 0.25% 5 - 10 ml

Evaluating variables

- Need for rescue boluses
- Pain before initial bolus
- Pain after initial bolus
- Time elapsed between initial bolus and analgesic rescues
- Side effects
- Patient satisfaction

Results

- 30 minutes after the first bolus, the EVA was 0–3 in 100% of the patients.
- 54% of the patients analyzed required at least one rescue bolus due to pain during labor despite continuous epidual analgesic perfusion.
- 70% of the patients requiring a rescue bolus reported obtaining good pain control until the end of labor.
- Low rate of adverse effects.

Conclusions The current epidural analgesia protocol at the Costa del Sol Hospital with continuous epidural perfusion of bupivacaine 0.0625% seems insufficient for pain control, especially in the first 4 hours needing rescue boluses.

Given the findings, it is possible to suggest changing the protocol to other methods to achieve better pain control that do not depend on demand rescue boluses.