

# Abortion Pain Management for People with SUD

People who have substance use disorders (SUD) may be at higher risk of pain with all abortions and it is important to treat their pain effectively.

- Continue with opioid agonist therapy (OAT) including the day of the abortion. If possible, schedule the abortion early in the morning to allow the individual to have the full effect of their regular OAT.
- OAT is not adequate pain relief for an abortion. Offer normal pain management options, multimodal pain control and consider using higher than normal dosing for opioids.
- Consider that some people with substance use history or SUD may not want to take opioid medications for pain as this may be triggering or stigmatizing for them; honor their wishes but also come up with a plan to adequately treat their pain.
- Work collaboratively with the person's addiction/primary care team if possible.



## Oral pain management:

- Provide NSAIDs and Tylenol, a cervical block is ideal for procedural abortion
- Note that oral narcotics may be needed in higher doses
- Avoid using benzodiazepines with any OAT. Be aware of duplicative sedating effects.
- Reassure the person that the medications will work well, even if they do not feel sedated
- Do not use nalbuphine (Nubain) or butorphanol (Stadol). They are agonists/antagonists and may precipitate withdrawal.
- Avoid mixed opioids like Tylenol #3/Percocet, etc.
- For procedural abortion:
  - Short acting opioids such as fentanyl have a high affinity for opioid receptors, quick action and quick half life making them a good option for administration.
  - Always have naloxone in the room
  - Be aware of over sedation

## Course Material For:

**We All Have a Role to Play:  
Increasing Access to Abortion Care in Canada**

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