

REFINING PARACERVICAL BLOCK TECHNIQUES FOR PAIN CONTROL IN FIRST TRIMESTER SURGICAL ABORTION

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Many women undergoing a surgical abortion receive a paracervical nerve block for pain reduction in which lidocaine (a numbing medication) is injected around the cervix. However, several aspects of the paracervical block technique are not well understood, and providers use varying techniques.

The purpose of this study was to determine the level of pain women experience with a surgical abortion and the effect that varying paracervical block techniques might have on that pain. These different techniques involve wait time following the injection, as well as the number of sites injected.

Women who came to Planned Parenthood Columbia Willamette, in Portland, OR who are at least 18 years of age, up to 11 weeks pregnant, and already decided to have a surgical abortion were offered participation in the study. Participants were randomized to two different paracervical block techniques. Subjects were asked to complete a series of pain scales that will assess the level of pain experienced at predetermined points before, during and after the procedure. Subjects also were asked to assess their satisfaction with pain control during the procedure as well as their satisfaction with the entire procedure itself.

Data analysis included a comparison of the socio-demographic profiles between the two study groups. Following the first phase of the study, it was found that the 3-minute wait did not provide superior pain control. Therefore, the second phase of the study was conducted without a wait, and compared the effect of a four-site injection versus a two-site injection. The primary outcome, pain, and the secondary outcomes, such as satisfaction and anxiety, also were compared between the study groups.

The 4-site injection decreased cervical dilation pain modestly (9mm) compared to a 2-site technique. In general, a difference of at least 15mm on a 100mm VAS is needed to show clinically relevant changes in pain. Women were not able to differentiate whether there had been a “wait” or no, or how many injections they received.

Therefore, we recommend the use of a 2-site and no-wait PCB technique.