

Combining Paracervical Block With a Complete Fundal Block Significantly Reduces Patients' Perception of Pain During Radio-Frequency Endometrial Ablation in an Office Setting

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Study Objective: To investigate the effectiveness and safety of combining a paracervical block with an intramyometrial block of the uterine fundus on women's perception of pain during radio-frequency impedance-controlled endometrial ablation in a non-hospital office setting.

Design: Case control study.

Setting: A non-hospital office setting.

Patients: Premenopausal women undergoing endometrial ablation due to heavy menstrual periods between 2011 and 2015.

Intervention: Hysteroscopically guided injection of local anaesthetic (prilocaine) into the myometrium above and below the tubal ostia and at the center of the uterine fundus in addition to a traditional paracervical block (ropivacaine).

Measurements and Main Results: A total of 138 women participated in the study. There were no adverse events as a consequence of either the anaesthesia or the ablation procedure. Premedication consisted exclusively of NSAID and/or paracetamol. No additional medication was given peroperatively.

Sixty seconds into the active ablation procedure, all women were asked to score their perception of pain on a scale from 0 to 10. The average pain score was 0.86 and 132 (95.7%) scored 2 or less. None scores above five. None needed to use recovery room facilities after the procedure, and none made use of the access to performing surgeon the evening and night after the procedure.

Conclusion: Combining a traditional paracervical block with transhysteroscopic injection of local anaesthesia into the subendometrial myometrium of the fundus of the uterus is safe and significantly reduces women's perception of pain during radio-frequency impedance-controlled endometrial ablation.