



# Pain & First Trimester Surgical Abortion

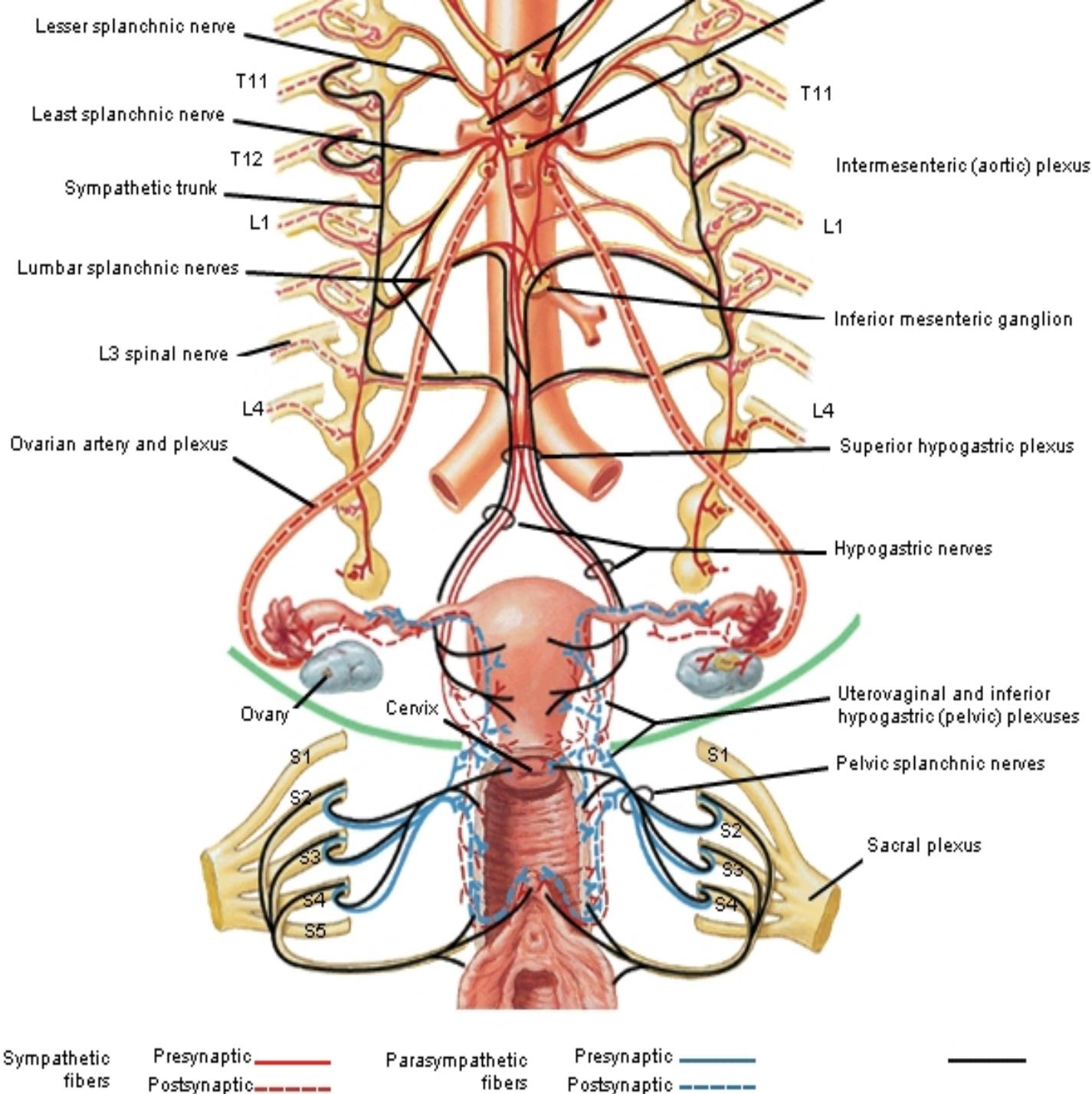
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# Disclosures

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- Author of cited literature
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  -

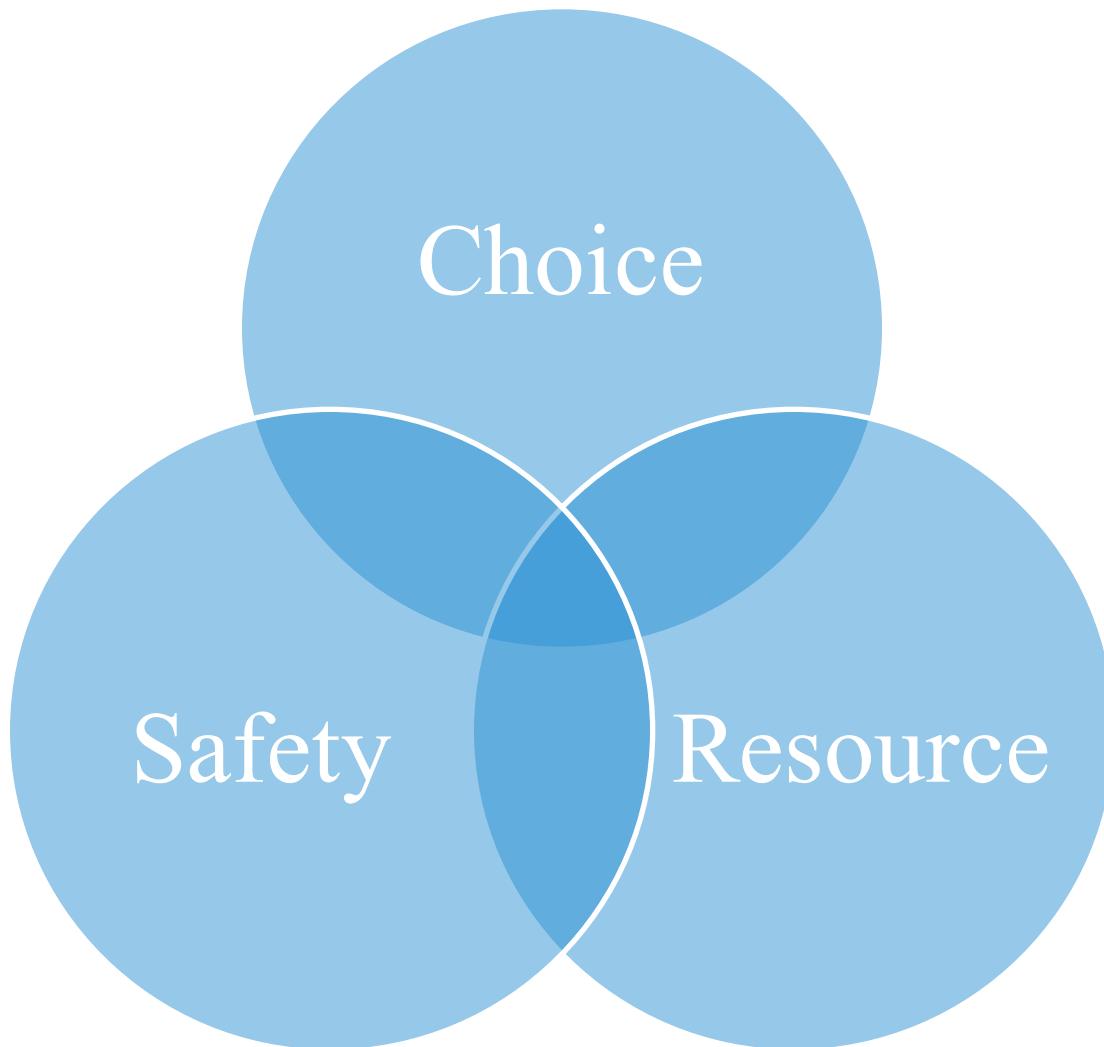






<sup>1</sup>Belanger *Pain* 36(3): 339-50, 1989. <sup>2</sup>Borgotta *J Reprod Med* 42(5): 287-93, 1997. <sup>3</sup>Smith *Am J Obstet Gynecol* 133(5): 489-98, 1979. <sup>4</sup>Edelman *Obstet Gynecol* 103(6): 1267-72., 2004. <sup>5</sup>Edelman *Obstet Gynecol* 107: 269-75, 2006. <sup>6</sup>Rawling *IntJ Gynaecol Obstet* 60(3):293-5, 1998. <sup>7</sup>Guilbert *J Psychol* 131:157-166, 1997

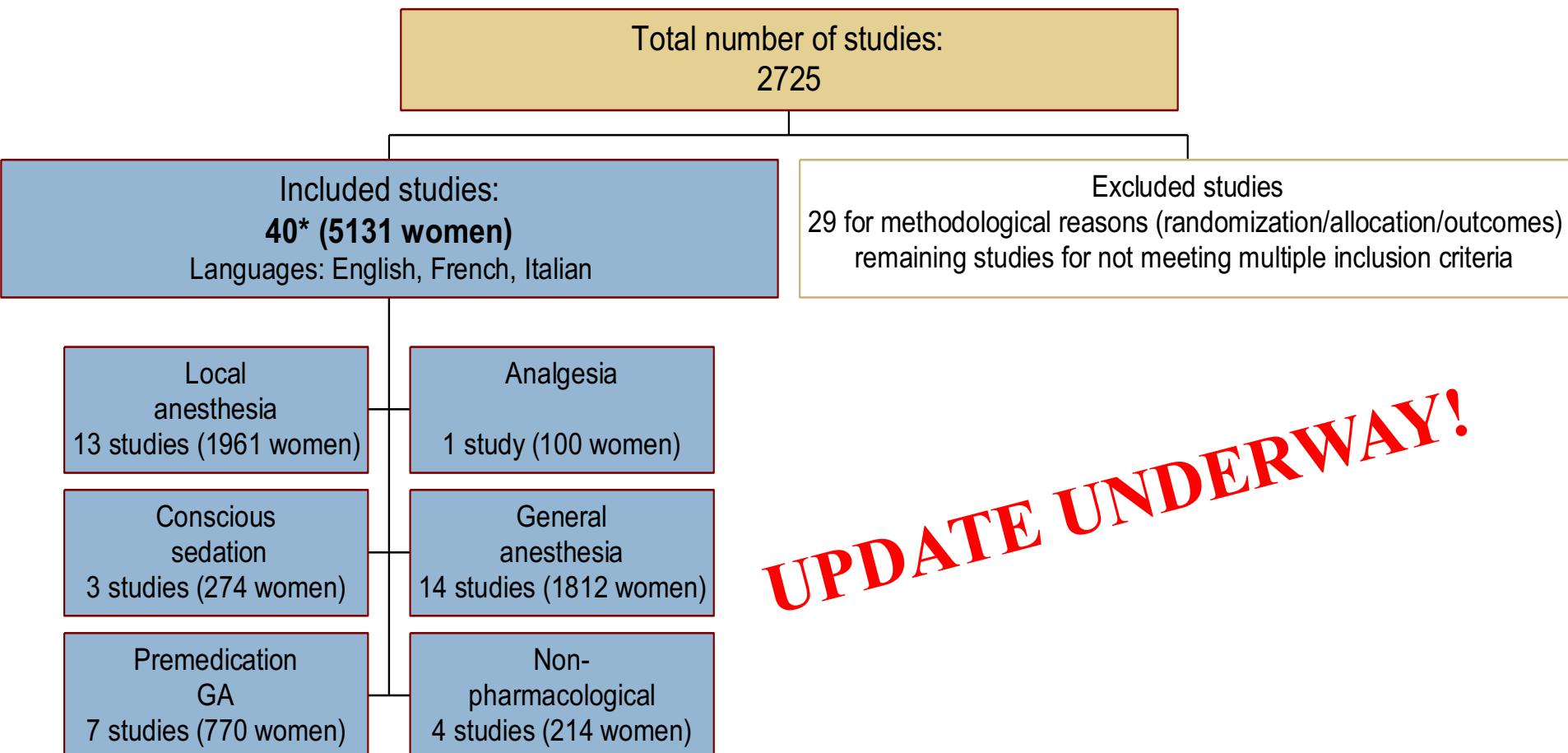
# Optimal Regimen?



# Continuum of care



# Pain Control Systematic Review



# What Works?

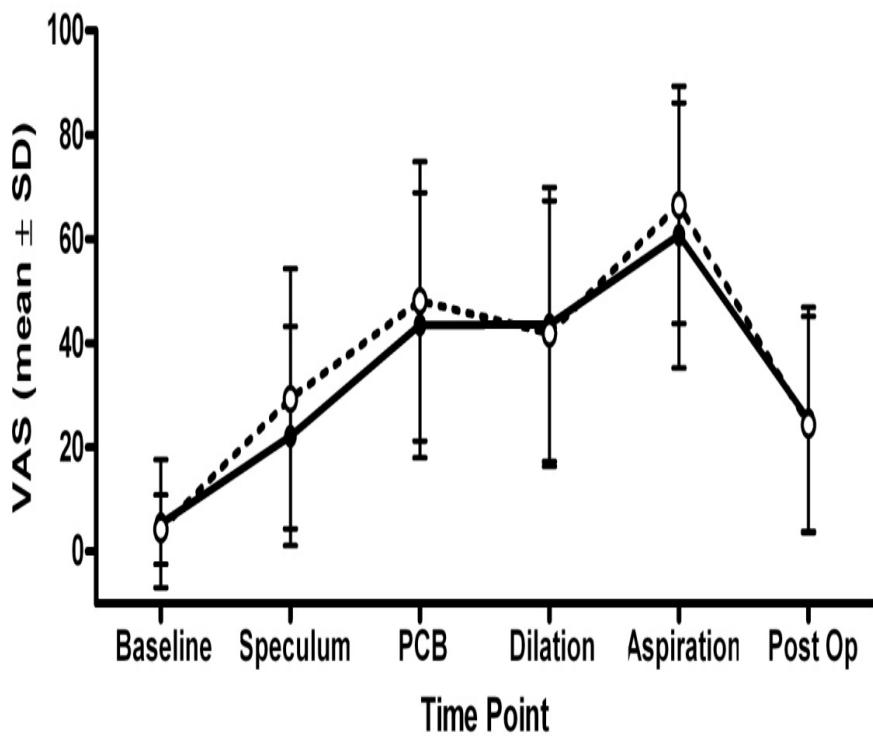
- Paracervical block
- NSAIDS
- 4% Intrauterine lidocaine infusion (+PCB)
- PCB w/  
Ketorolac/lidocaine
- Moderate Sedation

# What Doesn't?

- Paracetamol
- Oral Anxiolytics
- Oral opioids
- Doulas
- Hypnosis
- Cervical priming/prep
- Nitrous oxide

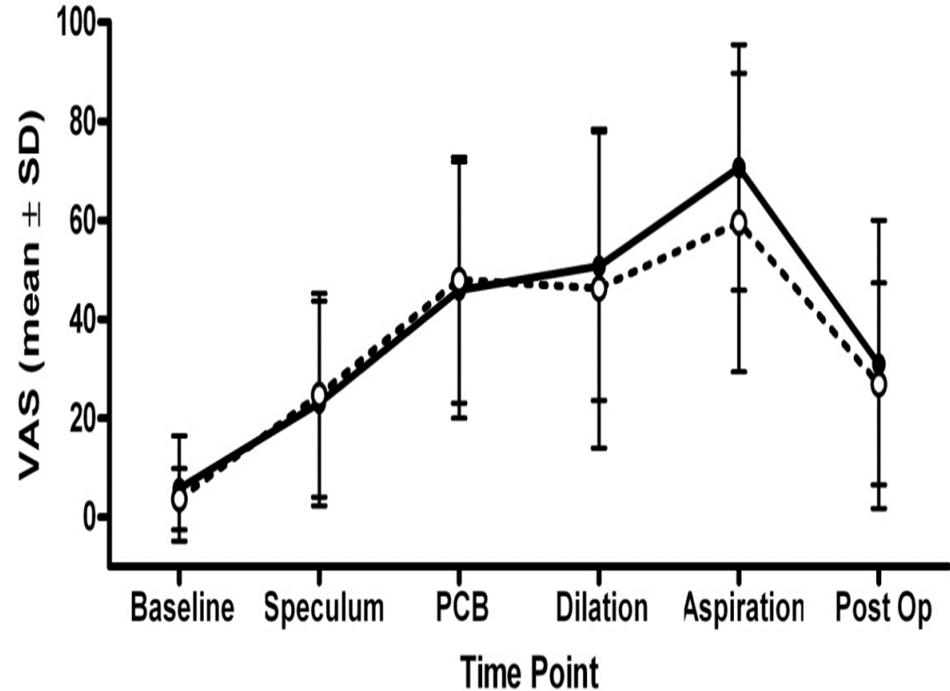
# Pre-Procedure Oral Narcotics: NO Effect on Pain

Early GA Pain Scores During Procedure



● HC/APAP  
○ · Placebo

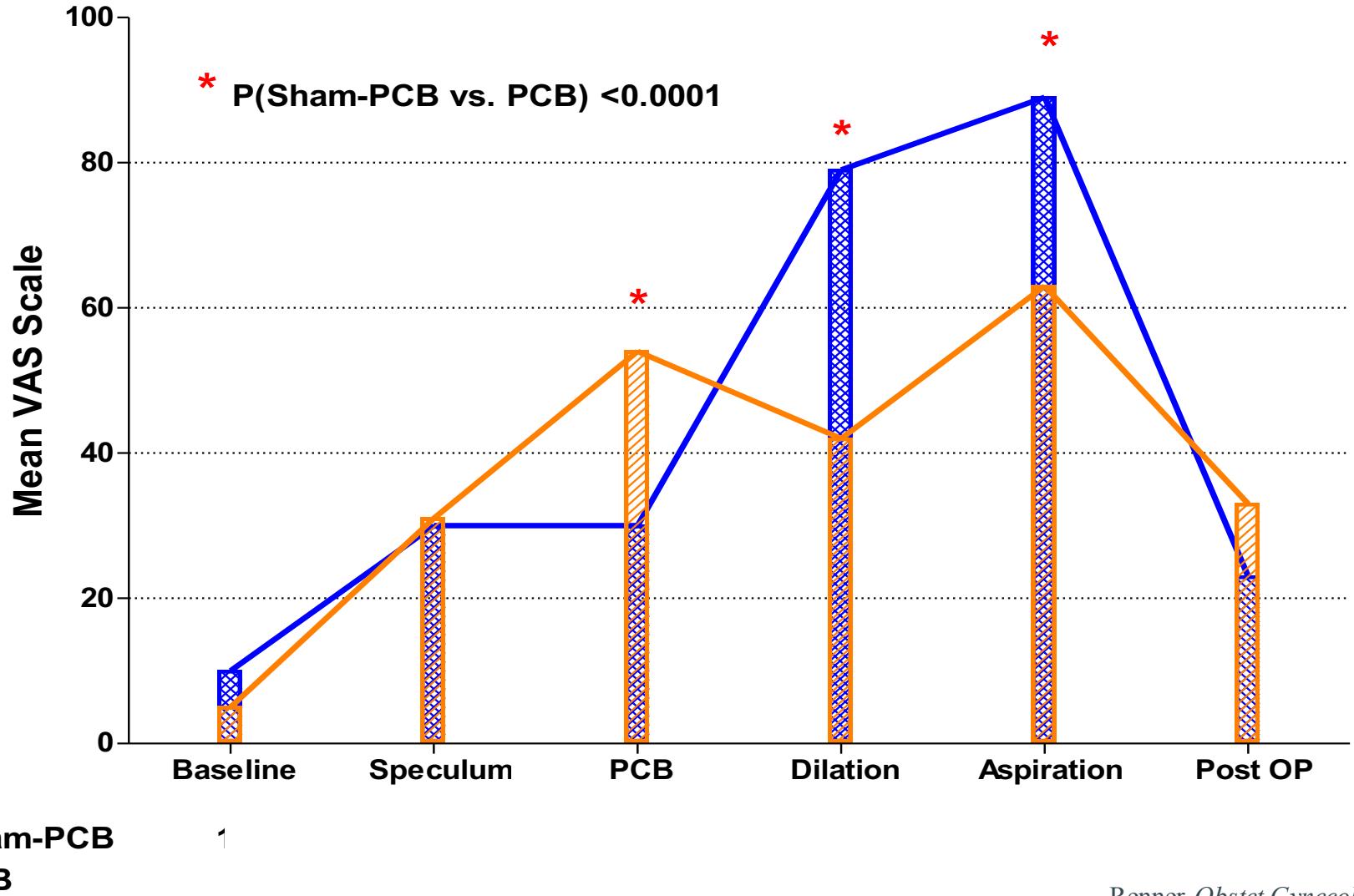
Late GA Pain Scores During Procedure



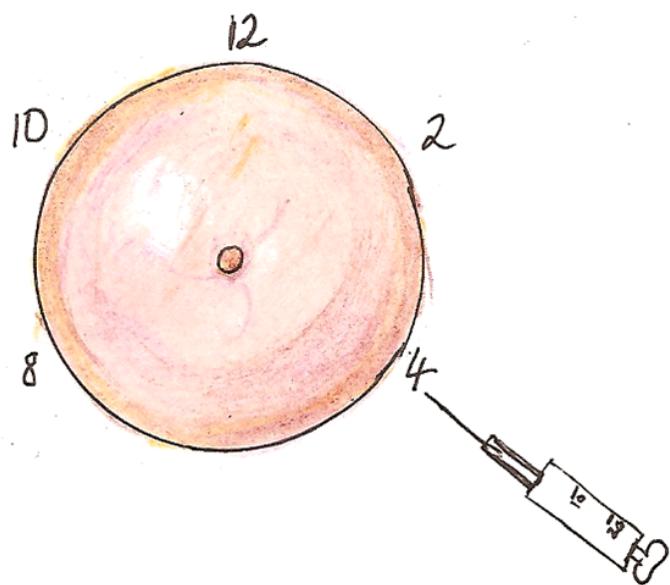
# Cervical priming – increases pain

- Increase in preoperative cramping
- Increases or no impact on intra-procedure pain
- Possibly faster procedure but longer process
- Easier for provider
  - Need to balance needs for safety/medical indications

# Paracervical block

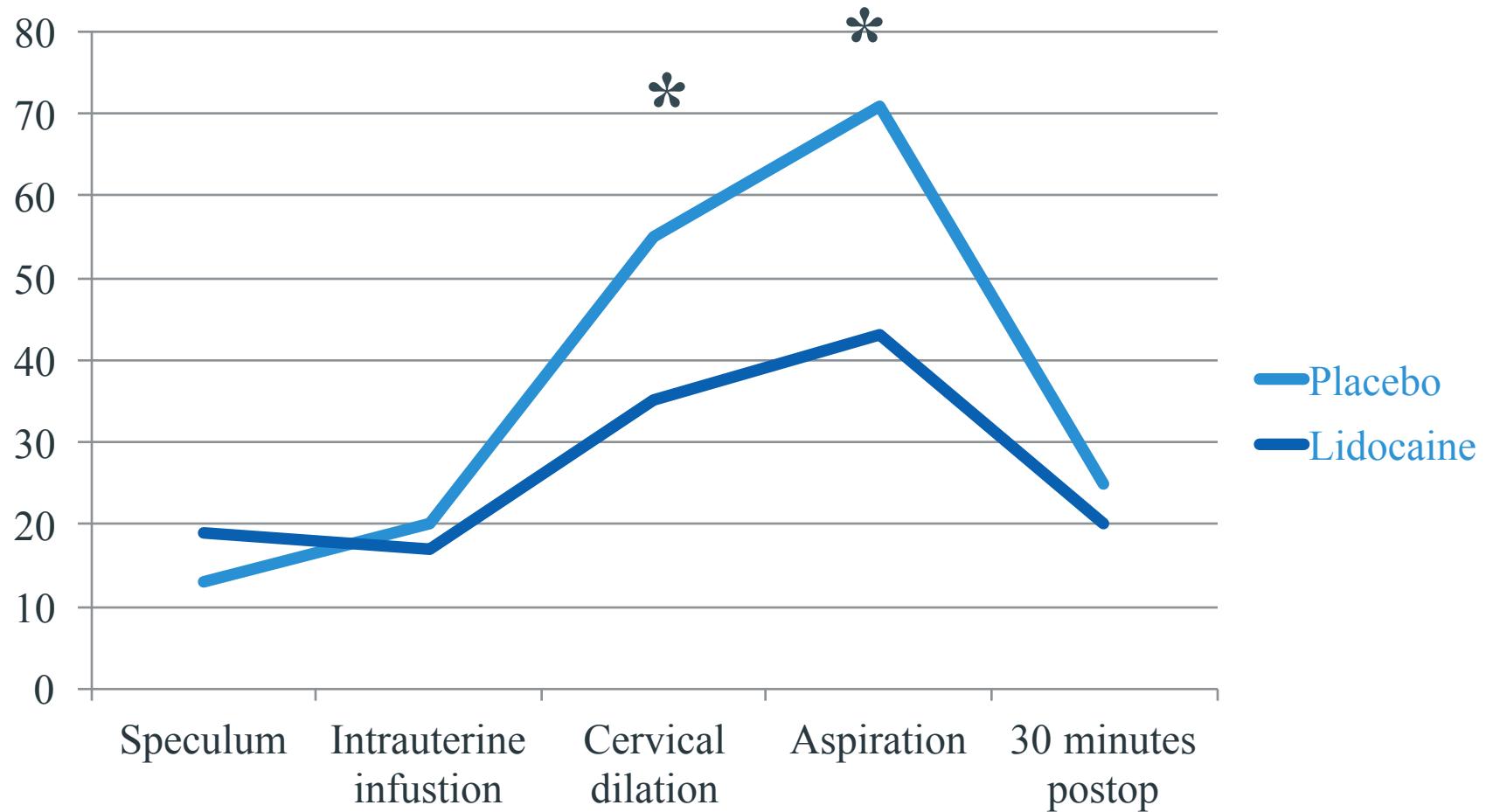


# Effective Paracervical Block



- 20mL, 1% buffered lidocaine
  - Better than 10mL
- 4 sites
  - Better than 2 sites
- Slow
- Deep (3cm)
- To wait or not?

# 10mL 1% PCB+ 5mL Intrauterine Lidocaine (4%)

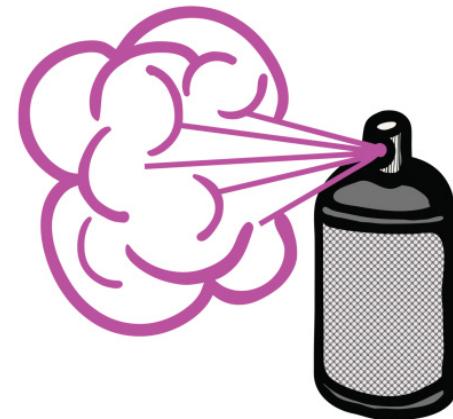
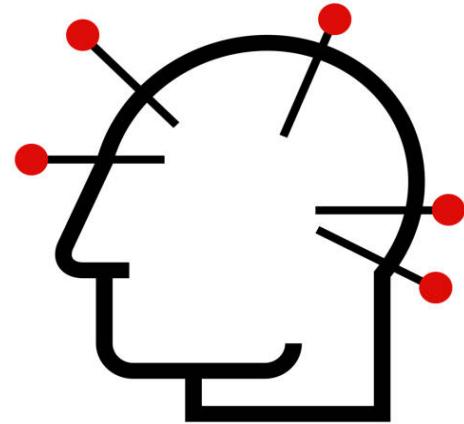
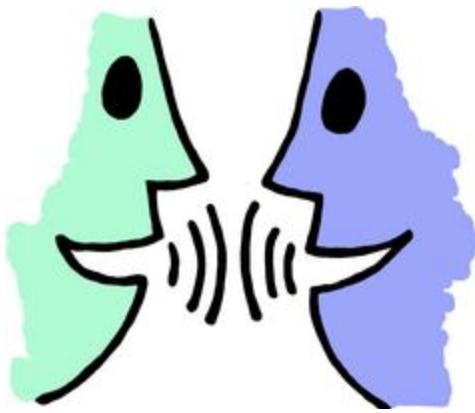


# Local Anesthesia Toxicity

- **Side effects:**
  - Lightheadedness, tinnitus, circumoral tingling, and metallic taste in the mouth
- **Adverse events: EXTREMELY RARE**
  - Seizures, cardiac effects and allergic reactions
  - Most morbidity and mortality related to doses exceeding 300mg
- **Maximum lidocaine dose**
  - 4.5mg/kg → 200mg

<sup>1</sup>*Physician Desk Reference*, 2008. <sup>2</sup>Hakim-Elahi *Obstet Gynecol* 76(1):129-35 ,1990, <sup>3</sup>Grimes *N Engl J Med* 295(25):1397-9,1976. <sup>4</sup>Berger *Am J Obstet Gynecol* 118(8):1142-3,1974

# Insufficient or conflicting data



# Stay tuned



# SATISFACTION



# pan·a·ce·a

/ˌpænə'sēə/

*noun*

a solution or remedy for all difficulties or diseases.

"the panacea for all corporate ills"

*synonyms:* universal cure, cure-all, cure for all ills, universal remedy, elixir, wonder drug; *informal* magic bullet

# Where does that leave us?

- Pain is multimodal
- Pain management needs to be multimodal
  - NSAIDs
  - Paracervical block
  - Nonpharmacologic
    - Supportive environment
    - Choice

Questions?

