WHY IS LOCAL ANAESTHETIC DONE SO RARELY?

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Aims

1) To introduce local anaesthetic TOP into the NHS service provided in Chesterfield, UK.
2) To travel to Holland to perfect local anaesthetic TOP surgery technique.
3) To introduce our nurses to LA VTOP by observing a “state of the art” service.

The technique
Local vs. General Anaesthetic

- 36,430 LA vs 17,725 GA
- Blood Transfusion, Cervical Tears, Perforations: x3 - x4 greater with GA
- Anaesthetic deaths: a GA complication

LA/MVA vs. MTOP

- Source BPAS (N=501)
- Would recommend to friend
- Would not recommend
- Don’t know/no answer

<table>
<thead>
<tr>
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<th>LA</th>
<th>MTOP</th>
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<tbody>
<tr>
<td>82%</td>
<td>62%</td>
<td></td>
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<tr>
<td>12%</td>
<td>10%</td>
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<tr>
<td>6%</td>
<td>27%</td>
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Dr Searle 1st 2,000 cases: (1998-2000)

- N = 2,026
- ERPC = 6 (0.29%)
- Blood transfusion = 0
- Hospital admission = 2 (0.09%)
- 1 confirmed ectopic
- 1 pain, anxiety, continuing pregnancy
Practical Advantages of MVA

- Effective up to 12/40 & down to 5/40
- Moves TOPs out of theatre
- Less frightening for women
- One visit, short stay
- Inexpensive, low-tech
- Enables non-gynaecologists to evacuate Ut
- Simple, safe & effective for ERPC

Advantages (cont’d)

- No need to undress
- No need to be starved
- Can drive home
- Less risk of uterine damage – GENTLE
- Often suitable when GA STOP or MTOP are relatively contraindicated

Disadvantages

- ?Pain: <MTOP; ?GA STOP
- Pain more likely with Primips, teenagers, if frightened or depressed, higher gestations
  However:
- 70-90% would choose LA again

Evidence on Analgesia

- Observational studies:
  - less pain with Cx block than none
  - 20ml better than smaller vol
  - inj @ 4 and 8 o’clock
  - N₂O/O₂
- RCTs:
  - Deep in more effective
  - Pre-op Ibuprofen reduces pain
Entonox: BPAS 1st 501

- 22% used N₂ O - of these:
- 28% - very helpful
- 58% - Moderately helpful/some help
- 11% - no help

CONCLUSION: After 1st 250, staff were reminded to routinely offer N₂ O.

Recommendation

- “...hospitals should abandon curettage... and adopt the aspiration methods, selecting manual evacuation and/or electric aspiration, according to the expertise available.”


Contraindications to MVA

- Gestation > 12/40
- Anticoagulant Rx/Prolonged bleeding time
- Haematocrit < 30%
- Active PID

HEALTH ECONOMICS

- GA STOP £430
- MTOP £260
- LA VTOP £190 (4 on list)
Thankyou for your attention

Now for a discussion...

Complications so far encountered:

2 vaso-vagal events following insertion of venflons.

1 patient required 10 iu of syntocinon IV due to haemorrhage.

2 people required ERPOC for retained products (seen on USS, but minimal POC seen at ERPOC).

USA Complications

<table>
<thead>
<tr>
<th></th>
<th>Westfall 1998</th>
<th>Freedman 1986</th>
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<tbody>
<tr>
<td>Uterine Perforation</td>
<td>1 (0.05%)</td>
<td>2 (0.08%)</td>
</tr>
<tr>
<td>Cervix Injury</td>
<td>0 (0%)</td>
<td>4 (0.16%)</td>
</tr>
<tr>
<td>Anaesthetic Compl.</td>
<td>0 (0%)</td>
<td></td>
</tr>
<tr>
<td>Blood Trans.</td>
<td>0 (0%)</td>
<td></td>
</tr>
<tr>
<td>Hospitalisation</td>
<td>0 (0%)</td>
<td></td>
</tr>
<tr>
<td>Pelvic Infection</td>
<td>12 (0.7%)</td>
<td>26 (1.05%)</td>
</tr>
<tr>
<td>Retained Products</td>
<td>8 (0.5%)</td>
<td>22 (0.89%)</td>
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</table>
Sister, Daughter, Mother.

A few names women who’ve had an abortion actually deserve to be called.
**LAVTOP at CNDRH.**

The aim is to provide a better (more comprehensive) service for our patients.

More choice - “Pro-Choice”.

Patient information handout.

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**Chesterfield Protocol.**

Patient information leaflet.

Standard clinic protocol (Doctor, Nurse, Social Worker, Choice, Contraception, Follow-Up).

USS.

Pre-Op Analgesia Pack.

Venflon.

10 weeks maximum.

IUCD.

Implanon.

*Take home analgesia pack.*

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**January 22nd 2001 - May 14th 2001 (Approx 4 Months)**

181 terminations in total.

58 Local Surgical (LAVTOP - First Trimester) (32%)

69 Surgical (GA - STOP - First Trimester) (38%)

36 Medical (First Trimester) (20%)

18 Medical (Second Trimester) (10%)

0 Second trimester cases referred to BPAS (0%)

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**Cases so far:**

Started January-August 2001

33 lists to date - 111 patients.

Teenagers – 25%

(20 - 29) – 41%

30+ - 33%
Assessment of the technique. (LAVTOP)
How uncomfortable was the procedure?

Median value : 4.

Assessment of the technique. (MTOP)
How uncomfortable was the procedure?

Median value : 5

Assessment of the technique. (STOP)
How uncomfortable was the procedure?

Median value : 2

Assessment of the technique. (LAVTOP)
Overall, how did you find the procedure?

Median value : 3
Assessment of the technique. (MTOP)

Overall, how did you find the procedure?

Better than I was expecting: 1 2 3 4 5 6 7 8 9 10
Worse than I was expecting

Median value: 5

Assessment of the technique. (STOP)

Overall, how did you find the procedure?

Better than I was expecting: 1 2 3 4 5 6 7 8 9 10
Worse than I was expecting

Median value: 2

1st TRIMESTER BEFORE LA VTOP
500 CASES pa
58% GA STOP = 290 CASES = £124,700
42% MTOP = 210 CASES = £54,600
TOTAL = £179,300

1st TRIMESTER AFTER LA VTOP
500 CASES pa
36% LA VTOP = 180 CASES = £34,200
42% GA STOP = 210 CASES = £90,300
22% MTOP = 110 CASES = £28,600
TOTAL = £153,100

SAVINGS = £26,200 pa
Termination of Pregnancy in Chesterfield.
June 21st 2000 - January 21st 2001 (7 Months)
293 terminations in total.
161 Surgical (GA - STOP - First Trimester) (55%)
115 Medical (First Trimester) (39%)
16 Medical (Second Trimester) (5.5%)
1 Second trimester case referred to BPAS (0.5%)

Teenagers (up to 19 years).
56 cases (31% of total cases)
17 LA VTOPs (30%)
23 STOPS (GA) (42%)
10 1st trimester medical (19%)
5 2nd trimester medical (9%)

30 years + age group.
38 cases (21% of total cases)
19 LA VTOPs (50%)
10 STOPS (GA) (27%)
6 first trimester medical (17%)
3 second trimester medical (6%)

20 -29 years age group.
87 cases (48% of total cases)
22 LA VTOPs (25%)
36 STOPS (GA) (41%)
10 first trimester medical (22%)
10 second trimester medical (12%)