



WHY IS LOCAL ANAESTHETIC DONE SO RARELY?

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ROME OCTOBER 2006



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.

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The technique

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Local vs. General Anaesthetic

- ◆ Grimes 1979, *Am J Ob Gyn.*
- ◆ 36,430 LA vs 17,725 GA
- ◆ Blood Transfusion, Cervical Tears, Perforations: x3 - x4 greater with GA
- ◆ Anaesthetic deaths: a GA complication

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LA/MVA vs. MTOP

◆ Source BPAS (N=501)

- ◆ Would recommend to friend
- ◆ Would not recommend
- ◆ Don't know/no answer

	<u>LA</u>	<u>MTOP</u>
◆ Would recommend to friend	82%	62%
◆ Would not recommend	12%	10%
◆ Don't know/no answer	6%	27%

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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

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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

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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

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Disadvantages

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

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Evidence on Analgesia

- ◆ Observational studies:
 - less pain with Cx block than none
 - 20ml better than smaller vol
 - inj @ 4 and 8 o'clock
 - N₂ O/O₂
- ◆ RCTs:
 - Deep in more effective
 - Pre-op Ibuprofen reduces pain

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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.

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Recommendation

- ◆ “..hospitals should abandon curettage.. and adopt the aspiration methods, selecting manual evacuation and/or electric aspiration, according to the expertise available.”
 - ◆ *Final Report, FIGO/WHO Task Force, March 1997*

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Contraindications to MVA

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

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HEALTH ECONOMICS

- ◆ GA STOP £430
- ◆ MTOP £260
- ◆ LA VTOP £190 (4 on list)

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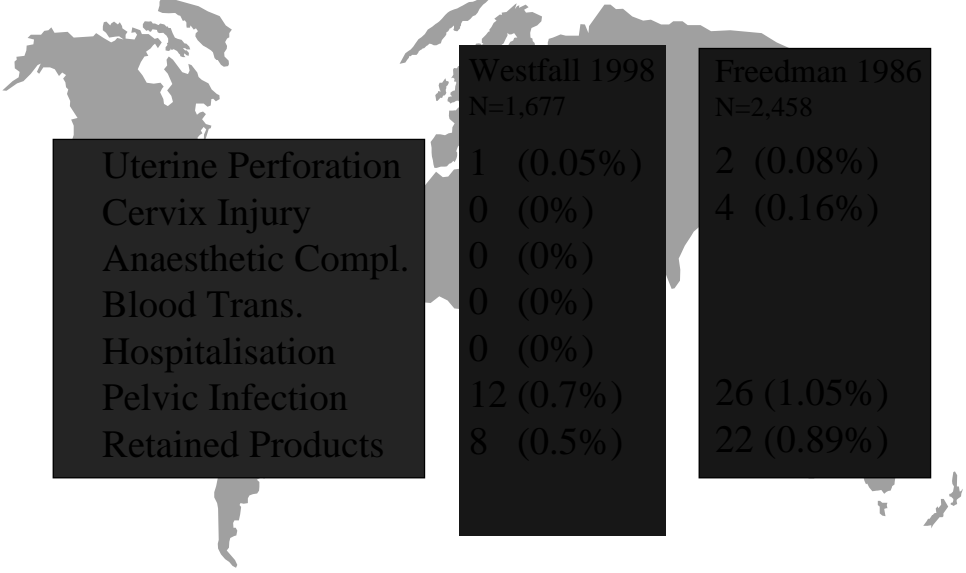
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Thankyou for you attention

◆ Now for a discussion....

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USA Complications



	Westfall 1998 N=1,677	Freedman 1986 N=2,458
Uterine Perforation	1 (0.05%)	2 (0.08%)
Cervix Injury	0 (0%)	4 (0.16%)
Anaesthetic Compl.	0 (0%)	
Blood Trans.	0 (0%)	
Hospitalisation	0 (0%)	
Pelvic Infection	12 (0.7%)	26 (1.05%)
Retained Products	8 (0.5%)	22 (0.89%)

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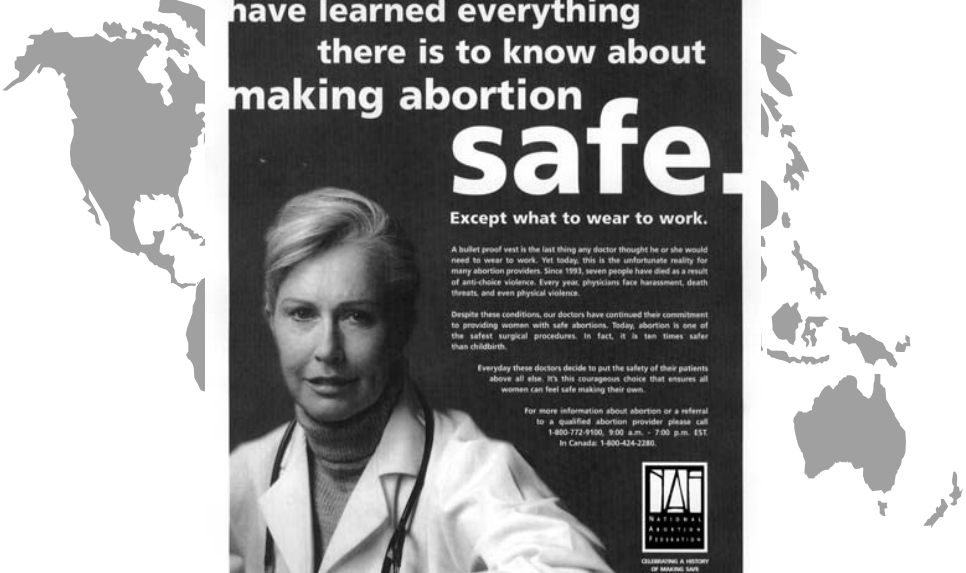
Complications so far encountered:

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).

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Our doctors
have learned everything
there is to know about
making abortion
safe.
Except what to wear to work.

A bullet proof vest is the last thing any doctor thought he or she would need to wear to work. Yet today, this is the unfortunate reality for many abortion providers. Since 1993, seven people have died as a result of anti-choice violence. Every year, physicians face harassment, death threats, and even physical violence.

Despite these conditions, our doctors have continued their commitment to providing women with safe abortions. Today, abortion is one of the safest surgical procedures. In fact, it is ten times safer than childbirth.

Everyday these doctors decide to put the safety of their patients above all else. It's this courageous choice that ensures all women can feel safe making their own.

For more information about abortion or a referral to a qualified abortion provider please call
1-800-772-9140, 9:00 a.m. - 7:00 p.m. EST
In Canada: 1-800-424-2280.



Continued a history
of making safe
abortion a reality
www.prochoice.org

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Sister, Daughter, Mother.

Women who've had an abortion endure all kinds of name calling, much of which is unprintable here. But the belief that there's a certain "type" of woman who chooses abortion is as outdated as it is ignorant.

Just consider one simple fact: by age 45, nearly half (43%) of the women in America will have had an abortion. These women represent all racial, ethnic, socio-economic and religious backgrounds. They are women we care about. Women we love. Women whose names we already know.

For more information about abortion or a referral to a qualified abortion provider please call 1-800-772-9100, 9:00 a.m. - 7:00 p.m. EST. In Canada: 1-800-426-2286.



CELEBRATING A HISTORY
OF MAKING SAFE
ABORTION A REALITY
www.prolife.org

A few names women who've had an abortion actually deserve to be called.



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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%

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Assessment of the technique. (LAVTOP)

How uncomfortable was the procedure?

NOT AT ALL 1 2 3 4 5 6 7 8 9 10 VERY PAINFUL

Median value : 4.

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Assessment of the technique. (MTOPT)

How uncomfortable was the procedure?

NOT AT ALL 1 2 3 4 5 6 7 8 9 10 VERY PAINFUL

Median value : 5

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Assessment of the technique. (STOP)

How uncomfortable was the procedure?

NOT AT ALL 1 2 3 4 5 6 7 8 9 10 VERY PAINFUL

Median value : 2

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Assessment of the technique. (LAVTOP)

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 : 3

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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

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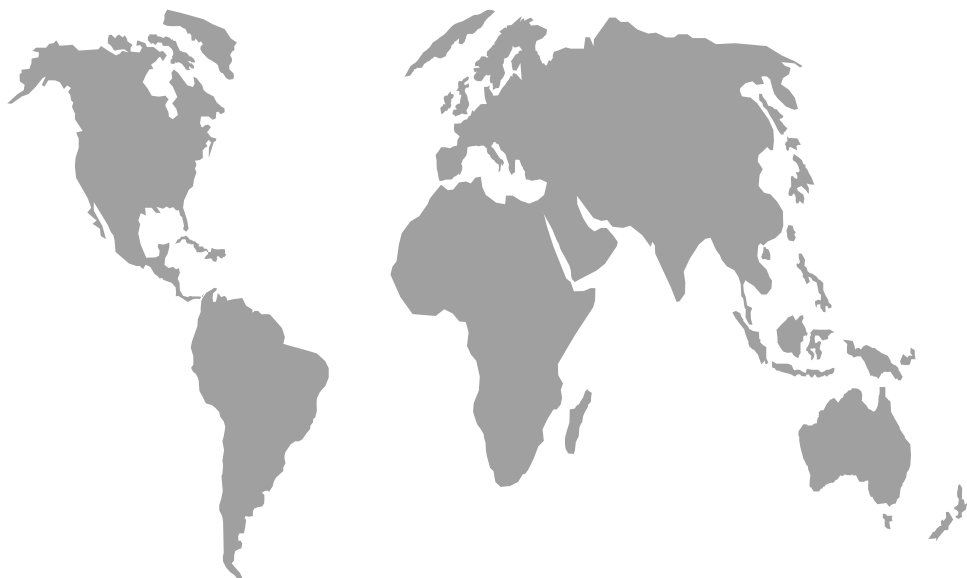
Assessment of the technique. (STOP)

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

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1st TRIMESTER BEFORE LA VTOP

500 CASES pa		
58% GA STOP	= 290 CASES	= £124,700
42% MTOp	= 210 CASES	= £54,600
<u>TOTAL</u>		= £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
<u>TOTAL</u>		= £153,100

SAVINGS = **£26,200 pa**

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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%)**

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Teenagers (up to 19 years).

85 cases (29% of total cases)

55 STOPS (GA) (65%)

22 1st trimester medical (26%)

7 2nd trimester medical (8%)

1 second trimester to BPAS (1%)

30 years + age group.

86 cases (29% of total cases)

32 STOPS (37%)

53 first trimester medical (62%)

1 second trimester medical (1%)

20 -29 years age group.

122 cases (42% of total cases)

74 STOPS (GA) (61%)

40 first trimester medical (33%)

8 second trimester medical (6%)

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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 (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%)

19 first trimester medical (22%)

10 second trimester medical (12%)

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