

LOCAL ANAESTHESIA PROTOCOL OPTIONS FOR GLOBAL ENDOMETRIAL ABLATION

ALL PROTOCOL OPTIONS ARE IN ACCORDANCE WITH THE CURRENT REVISION
OF OPERATORS MANUAL LS2607

OPTION #1

PRIOR TO TREATMENT

- Oral contraceptives (taken daily for minimum 21 days until day of treatment)
- Misoprostol 400mcg
 - Vaginal suppository inserted the evening before treatment with a moist tampon
- Ibuprofen 400-600mg
 - Taken orally the evening before
 - As well as 1 hour prior to treatment
- Percocet
 - 1 tablet, 1 hour prior to procedure (discretionary)
- Anxiolytics (discretionary)
- Inject a total of 15-20 ml of the ‘paracervical cocktail’ (below) at 4, 8 and 12 o’clock of cervix

Paracervical Cocktail

- 10 mL - Lidocaine with 1:200,000 epinephrine
- 10 mL - Bupivacaine 0.2% (long acting)
- 50 mL - Sodium Bicarbonate (1 ampoule)
- 3 mL - Atropine 1.5mg (3 ampoules)

Total Solution: 73 mL → **Inject 15-20 mL around cervix**
 → **Monitor Blood Pressure**
 → **Monitor Heart Rate**
 → **Monitor Oxygen Saturation (Pulse Oximetry)**

POST TREATMENT

- Oral analgesics (Opioids if required)
- Observe for 1-2 hours and discharge
- Ibuprofen 400-600 mg 4 hours after treatment

For further detail, refer to AA0025 Dr. George Vilos' Recommended Outpatient Protocol

OPTION # 2

- Laminaria 24 hours before
 - Celebrex 200 mg night before.
 - Levaquin 500 mg night before
 - Celebrex 200 mg morning of
 - Valium 10 mg 1 ½ hours before
 - Stadol nasal spray 2 puffs q 15 min prn through procedure
 - Celebrex 200 mg same night of procedure day
 - Celebrex 200 mg BID x 2 days
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OPTION #3

24 HOURS PRIOR TO PROCEDURE

- Placement of laminaria for cervical dilation (use natural, not synthetic laminaria).
- Ibuprofen (Motrin®) 600 mg (3 over-the-counter 200 mg tablets) every 6 hours as needed for cramps

PRIOR TO TREATMENT

ORAL SEDATION

- Oral narcotic (oxycodone and acetaminophen [Percocet®] or hydrocodone and acetaminophen [Vicodin®] one hour before the scheduled appointment.
- Ibuprofen (Motrin®) 600 mg po (by mouth) one hour before the scheduled appointment
- Triazolam (Halcion®) 0.25 mg sl (under the tongue) 30 minutes before the scheduled appointment.

PROCEDURE

PARACERVICAL BLOCK

- Bupivacaine 0.25% without epinephrine
 - Wait 10 minutes before beginning treatment
 - Physician does hysteroscopy during this time. Physician often has the patient watch the hysteroscopy and points out various anatomical landmarks as a diversion while the block is taking effect

POST PROCEDURE

- Ibuprofen (Motrin®) 600 mg (3 over-the-counter 200 mg tablets) every 6 hours around the clock on day of treatment
 - Thereafter as needed for cramps

One of the following as needed for discomfort

- Oxycodone and acetaminophen (Percocet®) 1-2 tablets every 3 to 4 hours for discomfort if needed.
- Hydrocodone and acetaminophen (Vicodin®).

OPTION #4

PRIOR TO TREATMENT

Medications Rx list:

- Misoprostol (Cytotec) 200mcg PO tab x1
- Doxycycline 100mg x 10
- Vicodin 5/500 x 15
- Zofran ODT 8mg x 2 tabs (sample)
- Motrin 800 x 30; Valium 5 mg x 2
- Misoprostol (Cytotec) 200 mcg tab PO HS prior to procedure.

DAY OF PROCEDURE

- Motrin 800 PO at about 7am with breakfast (6-7 hours pre-op)
- Motrin 800 PO at about 12 noon with light snack (45 min pre-op)
- Arrival at office (Pt. brings her Rx) at about 12:30 pm.
- Signature of informed consents, discharge Instructions, Vital Signs, Cloth Gown; RN reviews procedure.

PRE-PROCEDURE

- RN administers 30 mg ketorolac (Toradol) IM (can mix with 1 or 2 cc of 1% lidocaine to reduce discomfort).
- Patient takes her 1st Zofran 8 ODT (ondansetron oral disintegrating tablet).
- Vicodin 5/500 PO (hydrocodone / acetaminophen) x 1 or 2 tabs.
- Valium 5 mg PO 1 or 2 tabs
- Patient into Procedure Room about 1:00, positioned on table, cloth gown= abdominal drape

PROCEDURE

- Physician enters room, engages patient in dialogue and does not stop until procedure is complete
Physician performs perineal and vaginal prep with antiseptic; e.g. Betadine solution
- Physician administers local anesthetic via speculum
- Inject several cc of 2% Lidocaine into anterior lip of cervix BEFORE grasping with a single tooth tenaculum

PARACERVICAL BLOCK

- 7-8 cc of 2% Lidocaine on each side at about 3 and 9 o'clock on cervix; *slowly*, alternate sides, aspirate first.
 - Warn patient about possible brief, mild systemic effects from local; e.g. ringing in ears.
 - Administer 2-3 cc 2% Lidocaine between US ligaments, **SLOWLY**.
 - Via Rubens Acorn Cannula administer 5 to 8 cc of 2% Lidocaine **SLOWLY** into uterine cavity; can also administer through one port of hysteroscope; wait for 2 to 3 minutes.
 - Dilate cervix to 7 mm
 - Sound cavity & perform Hysteroscopy
 - Perform Endometrial Ablation
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OPTION #5

NSAID ANALGESIC

- Pre-op analgesia with a non-steroidal anti-inflammatory 100 mg suppository (such as Diclofenac) should be administered preferably 30-60 minutes prior to commencing the procedure.
 - It is also beneficial to administer a second dose of the preferred NSAID post-operatively.

INTRACERVICAL BLOCK

- Prilocaine 3% with Octapressin; 2.2ml per cervical quadrant OR
- Xylocaine 2% 4 ml mixed with bupivacaine 4 ml; 2 ml per quadrant
- Approximately 2.0-3.0 ml of anesthetic is injected into the cervix, beginning in the right upper quadrant. The needle is inserted into the center of the quadrant at the 2:00 position, parallel to the cervical canal, and as deep as the needle is long prior to injecting the anesthetic. A minimum depth of 1 inch (2.5 cm) is preferred.
- The anesthetic is injected slowly as the needle is being withdrawn, such that the 2.0-3.0 ml of anesthetic is completely deposited prior to removing the needle. The same method is continued in each quadrant proceeding in a clockwise rotation. The subsequent injections should be at the center of each quadrant, at the 4:00, 8:00, and 10:00 positions respectively.
- In order to achieve the full analgesic effect, it is necessary to wait for a minimum of 1-2 minutes prior to continuing with the procedure.

SUGGESTED IV SEDATION

- Versed 2mg administered just before procedure starts
 - Fentanyl 100mg at dilation of cervix
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