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Para-cervical Block and Conscious Sedation in Operative Hysteroscopy: A Comparative Study

Thesis

Submitted for Partial Fulfillment of M.D Degree in Obstetrics and Gynaecology

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Contents

List of Abbreviations

AUB : Abnormal uterine bleeding

COX : Cyclooxygenase

CS : Cesarean section

GA : General anesthesia

HMB : Heavy menstrual bleeding

I.V : Intravenous

IUD : Intrauterine device

IVS : Intravenous sedation

NSAIDs : Non-steroidal anti-inflammatory agents

PB : Paracervical block

PCB : Paracervical block

PET : Polyethylene terephthalate

VAS : Visual Analog Scale

YAG : Yttrium-aluminum-garnet

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Introduction

The modern development of hysteroscopy completely transformed the approach to uterine intracavitary pathologies by moving from blind procedures under general anesthesia to outpatient procedures performed under direct visualization, thus providing new therapeutic and prospective treatment options that should be available to every modern **(Centini et al., 2016).**

According to some reports, even more complicated operative hysteroscopic procedures may be performed in an office-based setting with a high level of overall patient satisfaction **(Di Spiezio et al., 2013).**

Traditionally, intrauterine pathologies has been resected hysteroscopically with the patient under general anesthesia in the operating room, using a 10-mm monopolar resectoscope system and 1.5% glycine for uterine irrigation and now there is a trend toward treatment of myomas and polyps in the outpatient setting using mini-hysteroscopes and bipolar electrodes or mechanical instruments **(Ahmad et al., 2010).**

There is a variety of potential advantages to performing hysteroscopically-directed procedures on

awaken patient in an office procedure room setting that include increased safety, reduced utilization of resources, and improved patient satisfaction. However, the ideal approach to local uterine anesthesia has/have yet to be determined **(Munro et al., 2014).**

The recent advantages in endoscopic instrumentation allow clinicians to perform quicker, less expensive, and safer operative hysteroscopy with local anesthesia plus moderate sedation and the systematic review showed that the paracervical block (PCB) is the best method of pain control for women undergoing diagnostic and operative hysteroscopy, but most of these data derived from diagnostic hysteroscopy and there are a few data regarding operative hysteroscopy **(Wortman et al., 2013).**

Hysteroscopy is a safe and efficient surgical procedure, and the new instruments allow clinicians to diagnose and treat lesions in the same step avoiding general anesthesia, with a reduced time spent in the operating room along with an increased convenience for patients in terms of drug assumption and comfort **(Wortman et al., 2013).**

It is antecipated that with conscious sedation, the patient continues to breath spontaneously and remains conscious and responsive to verbal contact throughout the