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CORRESPONDENCE

Problems of performing gynaecological surgery under local anaesthesia

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What does this study add to the clinical work

The significance of this study is "The aim of our study is to remedy the problems of paracervical block and to enable widespread clinical use during the novel coronavirus pandemic".

Dear Editor,

During the novel coronavirus pandemic, healthcare workers faced severe staffing shortages and the healthcare system was in a state of collapse. The extreme scarcity of resources such as medical staff and operating rooms, and the urgent need for surgical treatment of gynecological conditions was greatly affected, so moving minor procedures out of the operating room became a major concern for healthcare workers. Recently, I read an article by Neis et al. MD, who reported on gynecologic surgery performed under The paracervical block (PCB), which has the advantage of not requiring the presence of an anesthesia team to perform the procedure; does not require a trip to the operating room; saves money on anesthesia (personnel, medications); and avoids the risk of complications for the patient from general anesthesia [1].

However, an in-depth study of gynecological surgery performed under this anesthetic modality revealed several problems in its clinical application.

(1) At present, there is a disagreement between the choice of the two-point technique and four-point technique [1]; the authors in the article mention that the choice of four-point technique due to clinical experience lacks theoretical basis support. In contrast, I think it is better to choose the two-point technique for the following reasons: 1. The two-point technique reduces the number of injections the patient has to take, therefore reducing the patient's internal fear and reducing the operative time and risk; 2. It reduces the risk of piercing the uterine arteries and reduces the incidence of hematoma.
(2) The uterus is extremely soft in pregnant patients, and local anesthetic drugs can relax the uterine smooth muscle and increase the incidence of uterine perforation, so it is recommended to operate under ultrasound guidance (scar pregnancy is absolutely contraindicated).
(3) There is a lack of descriptive analysis of postoperative complications in patients in the text. Del et al. showed that the incidence of postoperative complications in gynecological surgery performed under PCB 50% [2], so I am concerned about this study.
(4) The surgery requires a high level of skill for the obstetrician and gynecologist, who must have both extensive experiences in gynecologic surgery and proficiency in anesthesia techniques.

Performing gynecologic surgery under PCB provides gynecologists with a new way of thinking about office surgery. However, the efficacy and postoperative complications of this new technique still need to be tested in clinical practice. We hope that more studies with rigorous designs and large sample sizes on gynecologic surgery performed under local anesthesia will be conducted soon.

Author contributions XL: Conceptualization, Methodology, Investigation, Formal Analysis, Writing–Original Draft. WM Data Curation, Writing–Original Draft. LC: Resources, Supervision, Conceptualization.

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Declarations

Conflict of interest The authors declare that they have no conflict of interest.

References

1. Neis F, Wallwiener D, Henes M, Krämer B, Brucker S (2022) Opinion paper: gynecological surgery in local anesthesia? Arch Gynecol Obstet. https://doi.org/10.1007/s00404-022-06572-7
2. Del Valle Rubido C, SolanoCalvo JA, Rodríguez Miguel A, Delgado Espeja JJ, González Hinojosa J, ZapicoGoñi Á (2015) Inhalation analgesia with nitrous oxide versus other analgesic techniques in hysteroscopic polypectomy: a pilot study. J Minim Invasive Gynecol 22(4):595–600. https://doi.org/10.1016/j.jmig.2015.01.005