Preemptive Nerve Block Studied in Vaginal Surgery

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ATLANTA — Preemptive pudendal nerve blockade had no effect on postoperative pain or use of narcotic analgesia in a prospective randomized study of patients undergoing pelvic reconstructive surgery.

A total of 102 patients undergoing transvaginal pelvic reconstruction under general anesthesia induced by intravenous fentanyl and propofol were randomized in double-blind fashion to receive pudendal block with either bupivacaine 0.25% or normal saline as placebo just before surgery. Patient-reported pain intensity at six time points in the 24 hours after surgery was similar in both groups, as was consumption of patient-controlled hydromorphone at three time points after surgery, Yoram Abramov, M.D., reported at the annual meeting of the American Urogynecologic Society.

Although some clinical studies have suggested that preemptive analgesia may reduce postoperative pain and consumption of postoperative narcotics, no prior studies have evaluated its effects in patients undergoing vaginal surgery, said Dr. Abramov of Northwestern University, Chicago.

Although it is possible that the threshold for the type of pain experienced by women undergoing vaginal surgery was too low to elicit a statistically significant difference in this study, it may be that the preemptive approach simply does not work in this population, he said.

Mean postoperative pain scores in the treatment vs. placebo groups—as measured using a validated visual analog scale of 0-10 points—were 4.63 and 4.80 at 1 hour, 3.71 and 3.87 at 3 hours, 2.89 and 3.10 at 5 hours, 2.85 and 3.12 at 7 hours, 3.22 and 3.47 at 18 hours, and 3.23 and 3.12 at 24 hours. Consumption of patient-controlled hydromorphone in the treatment vs. placebo groups was 1.84 mg and 1.77 mg at 0-3 hours, 1.19 mg and 1.20 mg at 4-7 hours, and 2.89 mg and 2.35 mg at 8-18 hours.

The treatment and placebo groups were similar with regard to the percentage of patients requiring additional boluses of hydromorphone (18% in each group) or ketorolac (8% and 12%), and with regard to 24-hour mean oral hydrocodone consumption (10.6 mg and 12.7 mg) and mean ibuprofen consumption (630 mg and 762 mg).

There were no complications associated with the pudendal nerve block. ■

Cystoscopy Safe, Accurate After Vaginal Surgery

ATLANTA — Cystoscopy with intravenous indigo carmine dye is safe and accurate for detecting ureteral obstruction following vaginal surgery for pelvic organ prolapse, Arlan M. Gustilo-Ashby, M.D., said at the annual meeting of the American Urogynecologic Society.

Although the technique is commonly used for secondary prevention of ureteral injury in patients undergoing vaginal surgery, its accuracy and efficacy have not been well defined, according to Dr. Gustilo-Ashby of the Cleveland Clinic Foundation.

In a retrospective study of 700 patients who underwent vaginal surgery for anterior and/or apical prolapse from 2001 to 2004, and who also underwent intraoperative cystoscopy with intravenous indigo carmine to evaluate ureteral patency, 37 patients (5.3%) had no spillage of dye from either ureter. Three of the 37 patients had preexisting renal pathology that caused the lack of spillage, and two other patients were later found to have ureteral obstruction.

Thus, the true incidence of ureteral obstruction was 5.1%, according to Dr. Gustilo-Ashby.

The incidence of ureteral obstruction in this study was highest among those patients who underwent uterosacral ligament vaginal vault suspension (5.9%), and lowest among those who underwent distal McCall's culdoplasty (0.5%) or anterior colporrhaphy (0.4%), he noted at the meeting.

In 88% of the cases of ureteral obstruction, suture removal relieved the obstruction, and in 83% of cases, the suture removal was temporary (six patients required subsequent intervention), therefore the use of cystoscopy reduced the true ureteral injury rate in this study to 0.9%, he said.

—Sharon Worcester