

Pain Control in Abortion

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Objectives

- Reviewing patient factors in pain experience
- Reducing pain in medical abortions
- Reducing pain in surgical abortions
- Changing doctors' behavior to reduce pain




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Patient factors influencing pain in both medical and surgical abortion

- Gestational age
- Parity
- Anxiety
- Depression
- Dysmenorrhea
- Frequent use of analgesics

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Methods of reducing pain in medical abortion

-  Dose of misoprostol
-  NSAIDS
-  Narcotics

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1. Dose of misoprostol used with mifepristone for medical abortion

	400 mcg	600 mcg	800 mcg
Pain score (0-10)	5.7	6.0	6.7

p=<.001

Shannon C, Wiebe E, Jacot F, Guilbert E, Dunn S, Sheldon WJ, Winikoff B. Regimens of Misoprostol with Mifepristone for Early Medical Abortion: a Randomized Trial. *Brit J Obstet Gynecol* 2006; (in press). 5

2. NSAIDS

- Diclofenac given with misoprostol decreased opioid use

Fiala C, Swahn ML, Stephansson O, Gemzell-Danielsson. The effect of non-steroidal anti-inflammatory drugs on medical abortion with mifepristone and misoprostol at 13-22 weeks gestation. *Hum Reprod* 2005;20:3072-7

Prophylactic ibuprofen, naprosyn and acetaminophen have also been used

Methods of reducing pain in surgical abortion

- General anesthesia
- Conscious sedation
- Para-cervical block
- Oral analgesics
- Talking

How much pain?

A survey of 640 women in a random sampling of NAF clinics found mean pain scores of:

- Para-cervical block (PCB) only – 5.2/10
- Conscious sedation – 4.65/10

Rawling M, Wiebe ER. Pain control in abortion clinics. *Int J Gynecol Obstet* 1998;60:293-5.

How much pain?

An RCT of 2 routes of fentanyl, 196 women:

- “worst period pain” - 6.0/10
- dilation pain - 5.2/10
- aspiration pain - 4.7/10

Wiebe ER, Trouton KJ, Savoy E. Intra-cervical vs intravenous fentanyl for abortion
Hum Reprod 2005;20:2025-8.

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Physician/clinic factors influencing pain

- 📁 Oral analgesics (NSAIDs)
- 📁 Cervical preparation (misoprostol)
- 📁 Techniques of block
- 📁 Narcotic (fentanyl)
- 📁 Lorazepam/midazolam
- 📁 Surgical technique
- 📁 “verbal anesthesia”
- 📁 “comfort maneuver”

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1. Oral analgesics

- Minor effect – NSAIDs help post-operative pain

Wiebe ER, Rawling M. Pain Control in abortion. Int J Gynec Obstet. 1995;50:41-46

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2. Cervical preparation (misoprostol)

- Shortens procedure
- Increases cramping pain before and after

Cakir et al Comparison of oral and vaginal misoprostol for cervical ripening before manual vacuum aspiration of first trimester pregnancy under local anesthesia: a randomized controlled study Contraception 2005;337:337-42

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3. Techniques of para-cervical block

- Buffer lidocaine with sodium bicarbonate
- Inject slowly
- Inject deeply
- Waiting may or may not help (?depends of depth of injection)

Am J Obstet Gynecol. 2002 Jun;186(6):1304-7. Paracervical block and elective abortion: the effect on pain of waiting between injection and procedure.

Phair N, Jensen JT, Nichols MD.

Wiebe ER. Comparison of the efficacy of different local anesthetics and techniques of local anesthesia in therapeutic abortions. Am J Obstet Gynecol 1992;167:131-4

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4. Narcotics (fentanyl)

- RCT of fentanyl vs placebo - mean pain score (0-10) 1.0 less in fentanyl group
- Cohort comparison – mean pain score 1.1 less in fentanyl group

Rawling M, Wiebe ER. Pain control in abortion clinics. Int J Gynecol Obstet 1998;60:293-5.

Am J Obstet Gynecol. 2002 Jun;186(6):1304-7. Paracervical block and elective abortion: the effect on pain of waiting between injection and procedure.

Phair N, Jensen JT, Nichols MD.

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5. Anxiolytics

- 1 mg lorazepam had no effect on pain scores and improved anxiety only in women who knew they had taken it

Wiebe ER, Podhradsky L, Dijak V. The effect of lorazepam on pain and anxiety in abortion. Contraception 2003;67:219-21.

- 2 mg midazolam (with 25 mcg fentanyl) did not effect pain scores but improved patient satisfaction

Hum Reprod. 2002 May;17(5):1222-5. A randomized, double blind, placebo-controlled study to investigate the use of conscious sedation in conjunction with paracervical block for reducing pain intermination of first trimester pregnancy by suction evacuation.

Wong CY, Ng EH, Ngai SW, Ho PC.

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6. Surgical technique/surgeon

- Different pain scores for different surgeons using “same” drugs, techniques and clinic

Rawling MJ, Wiebe ER. Randomized controlled trial of fentanyl for abortion pain. Am J Obstet Gynecol 2001;185:103-7.

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7. “Verbal anesthesia”

- Low lights
- Music
- Distraction
- Progressive relaxation
- Visualization
- Bad jokes

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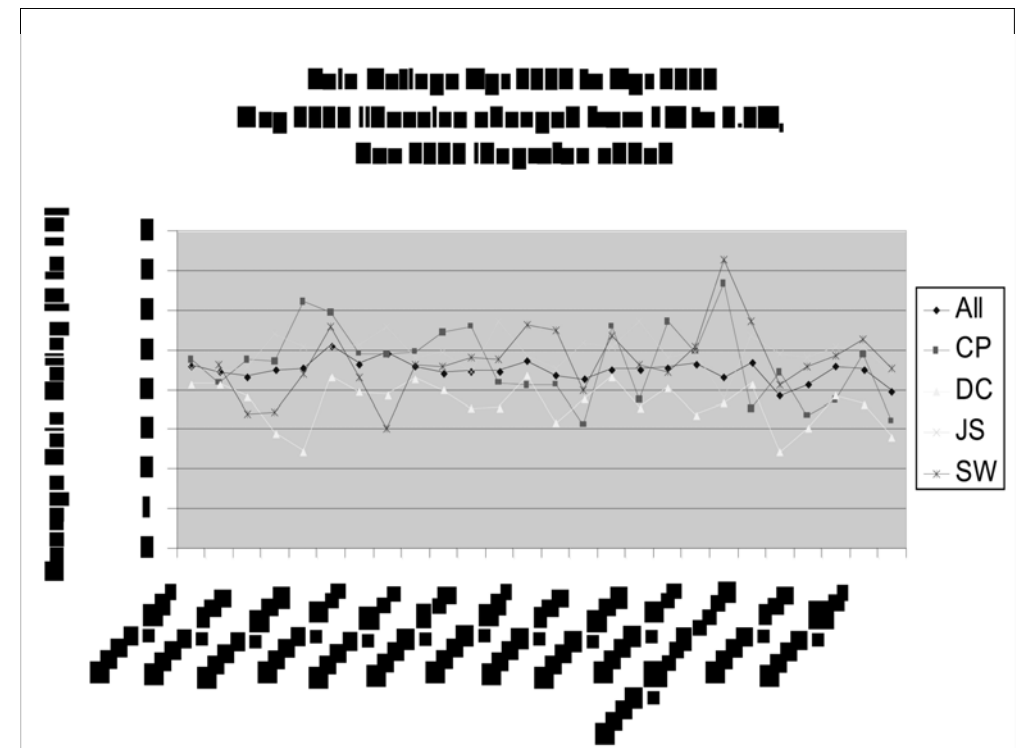
8. Comfort maneuver

- For post-operative cramping pain – pelvic examination to replace uterus into position (no evidence but works like magic)

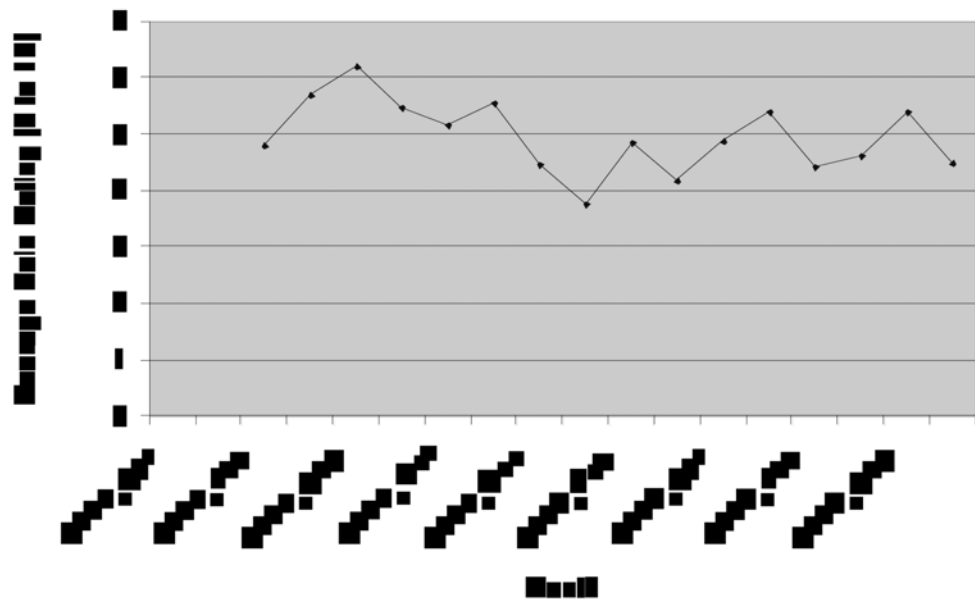
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How can we change staff behavior to decrease pain?

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**Main Challenge for MS
[How and How Often We, MSN Interventions]**



How to change staff behavior

- Measure pain levels
- Give feedback
- Discuss techniques/observe one another