Paracervical block as pain treatment during second-trimester MTOP: an RCT

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BACKGROUND

- The most common side effect of misoprostol is pain

- Women undergoing second-trimester MTOP reported physical pain of strong intensity

Andersson et al PlosOne December 2014

- Hard to find ways for pain treatment among nurses taking care of women undergoing second-trimester MTOP

Andersson et al Contraception January 2014

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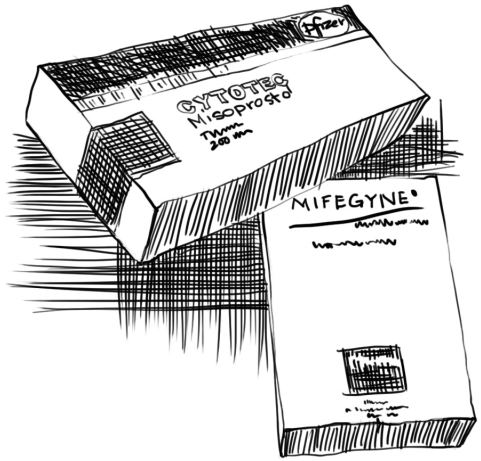
AIM

The aim was to determine if paracervical blockade, PCB, administered before the onset of pain could decrease women´s pain experience during second-trimester MToP.



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Data collection

- May 2012 - April 2015
- 102 women included in the analysis
- Indication
  - fetal malformation (n= 25)
  - unintended pregnancy (n= 77)
- Marital status
  - single (n=27)
  - boyfriend (n=20)
  - married/cohabiting (n=50)

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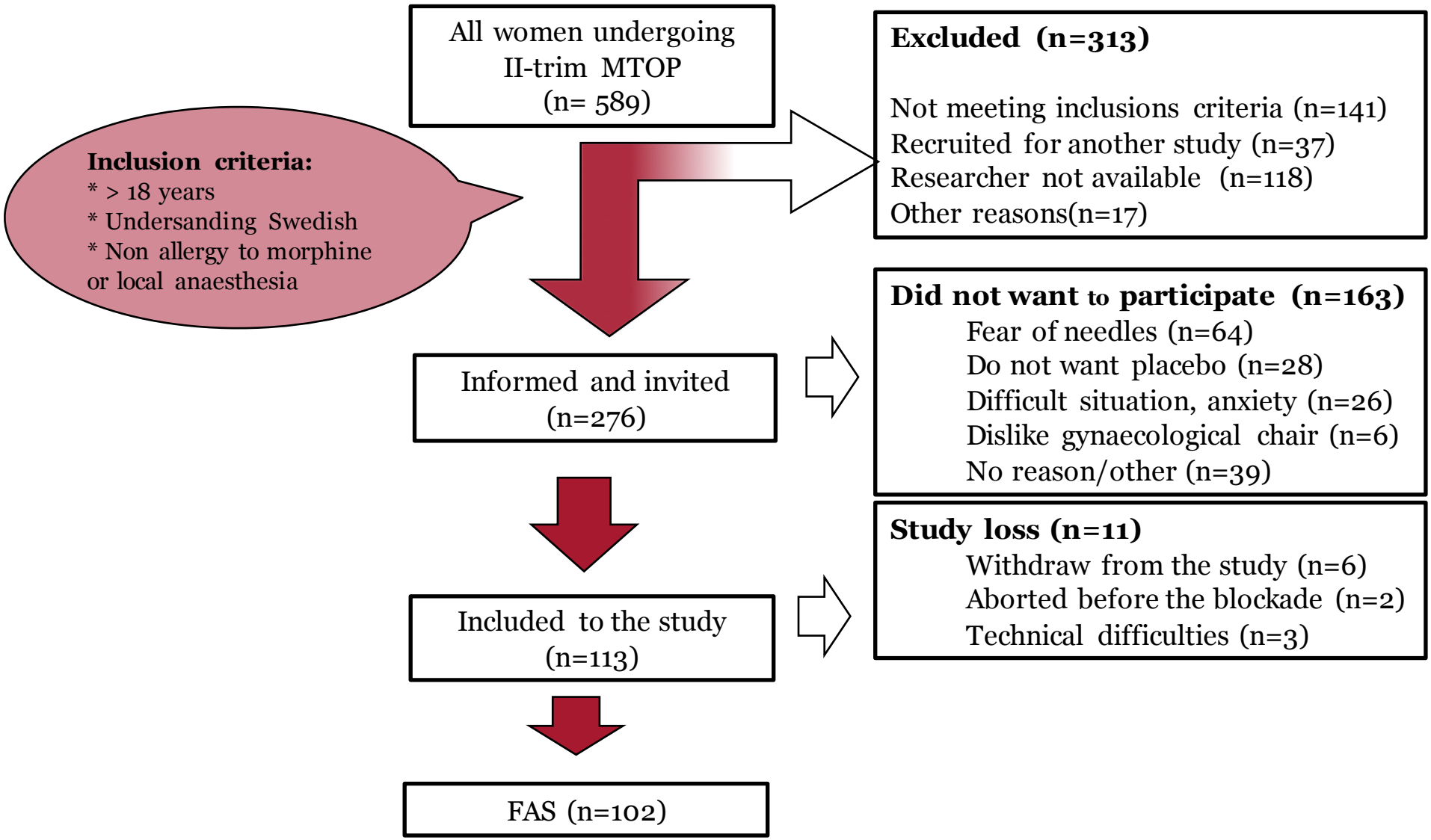
FLOW CHART



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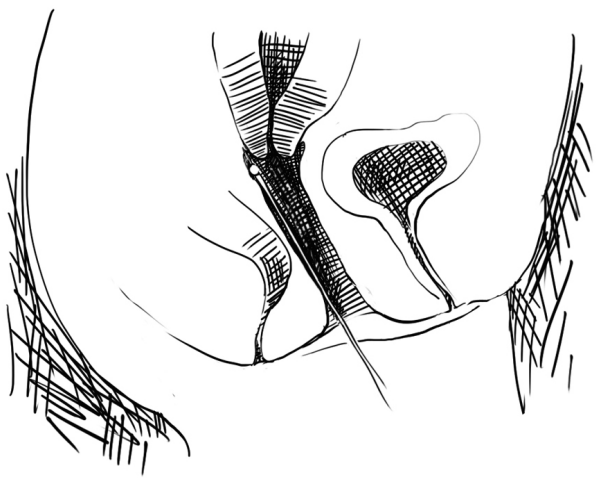
A double-blinded RCT

- The woman got a paracervical blockade one hour after the first dose of misoprostol.

- 20 ml active substance (bupivacaine) or 20 ml placebo (sodium chloride)



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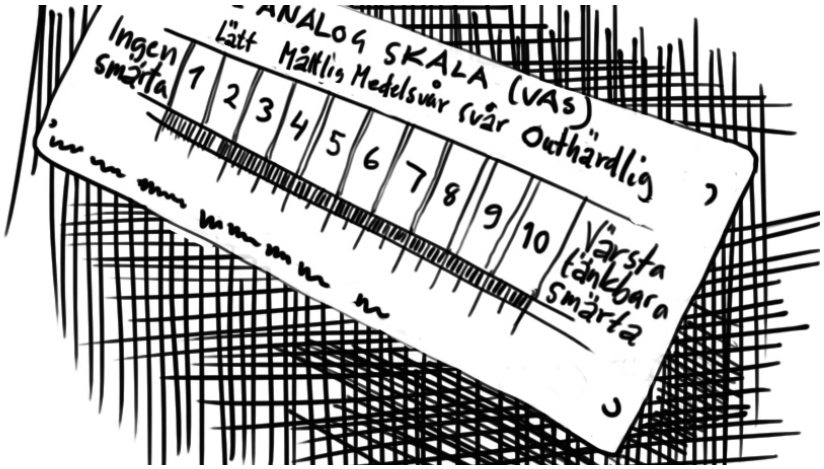
Primary outcome

Pain intensity measured as any VAS ≥7



Pain intensity (VAS) was measured every half hour

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Secondary outcomes

- The induction-to-abortion interval
- The total morphine consumption
- Safety
- Side effects

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RESULTS

- 65 – 75 % of the participants experienced severe pain, VAS ≥7, at any time point during the abortion

- No differences in outcomes between the two groups
  - VAS
  - induction-to-abortion interval
  - morphine consumtion

- No differences in
  - time to placenta expulsion
  - rates of surgical intervention
  - side effects

	Sodium chloride n=50	Bupivavcaine n=52	RR (CI 95%)	P-value
Highest pain intensity VAS 0-6 VAS 7-10	17 (35%) 32 (65%)	13 (25%) 39 (75%)	1,1 (0,9 – 1,5)	0,292
Induction-to-abortion interval (min) Median (q1 – q3)	398 (260 – 540)	435 (320 – 748)	80 (-5 – 180)	0,075
Morfin consumtion (mg) Median (q1 – q3)	6,0 (1,0 – 10,0)	5,0 (1,3 – 10,5)	0,0 (-2 – 2,5)	0,772

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What may have influenced the findings?

- The study loss – 60% did not want to participate
- The study design
- The placebo effect
- Frequent presence by nurses when measuring pain
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- Increased pressure in the tissue by 20 ml fluid

- Paracervical block is not effective pain treatment for abortion pain in second-trimester MTOP (??)

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Conclusion

Prophylactic PCB did not lead to a clinically significant reduction in maximal pain scores and the need for additional opiates during second-trimester MToP.

And…

…there is still a clear need for more optimal pain treatment for women undergoing second-trimester MTOP.

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Thank you!

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Illustrations: Ingrid Fröhlich

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