

A LITERATURE REVIEW ON THE USE OF ANALGESIA DURING IN-OFFICE INTRAUTERINE GYNECOLOGIC PROCEDURES

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RESEARCH QUESTION

Do different pain control methods during in-office gynecologic procedures have significant impact on women's perception of pain?

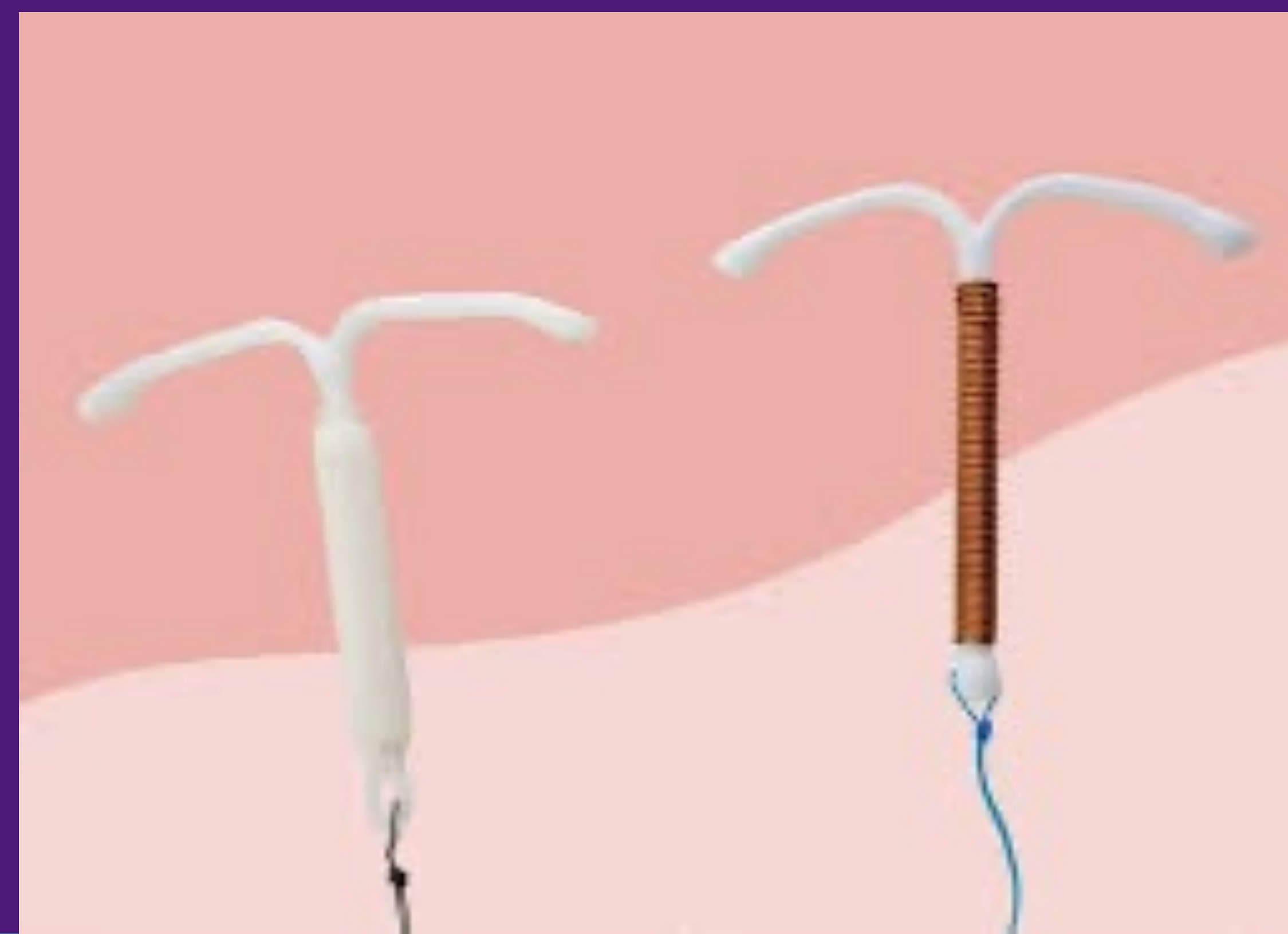
BACKGROUND

The conversation surrounding pain control during in-office gynecologic procedures has gained popularity over the last several years as patients share their stories on social media. There is a paucity of information on analgesia use during intrauterine device (IUD) insertions and other gynecologic procedures. There is concern that patients' fears surrounding the insertion procedure limits the amount of people who decide on this highly effective method of contraception. The aim of this project is to examine 3 areas impacting the pain control provided during office based gynecologic procedures. The first and largest component is what literature is available on patients' perceptions of pain with and without analgesia for intrauterine procedures. The second area explored is the health care providers perception of the procedure with and without analgesia. The third area of exploration is how patient perceptions and shared decision making regarding the types of pain control offered during obstetrical or gynecological procedures impacts the long-term relationship between provider and patients.

METHODS

A literature search was conducted to find scholarly articles on different types of analgesia studied for IUD insertion and similar intrauterine gynecologic procedures including hysteroscopy, balloon catheterization, as well as tenaculum use. Exclusion criteria was OB/GYN procedures that cannot be performed in-office.

- Perception of pain is subjective and difficult quantify.
- Available literature on different analgesia methods for pain control during office-based intrauterine procedures showed mixed conclusions on the efficacy of reducing pain.
- Social media conversations surrounding IUD placement are overwhelmingly negative and highlight a lack of trust in health care professionals.
- Studies conducted on the effects of shared decision making showed an improvement in provider-patient relationships when SDM was used.
- While further studies need to be done to explore the most effective ways of reducing pain for intrauterine procedures, shared decision making, and current data can be used by providers to engage in discussions with their patients on this topic.



RESULTS

Aim 1: The available literature on different methods of analgesia for office-based gynecologic procedures is sparse and inconclusive. Some small trials have been executed to find pain control options that might provide relief for patients but repeat studies with a larger patient sample and controls would be needed to draw conclusive data on which methods work best. While some studies endorsed pain relief from cervical block, paracervical block, topical or oral analgesia agents, other studies refuted the benefits of each of these methods.

Aim 2: Minimal studies are available on the perceived benefit to the provider when using analgesia for office-based gynecologic procedures. One qualitative study discussed the increase ease of procedure and ease of sample obtainment by the provider.

Aim 3: The available literature on shared decision making and the impact of social media on patient preferences showed that most of the available patient-created content surrounding IUD placement is negative. Studies on shared decision making showed higher levels of patient satisfaction with their care when given decision making tools.

FUTURE DIRECTIONS

Most of the studies conclude with the declaring the need for a high-powered randomized control trial on different methods of analgesia among a diverse patient population to draw significant conclusions about its effectiveness. Additionally, in a soon-to-be-published manuscript by Nicole Friedlich, 3rd year medical student, and Dr. Shanna Combs, MD, medical providers who are members of ACOG were surveyed on their practice preferences for analgesia offered during IUD insertions. The study will help to illuminate how providers practice, the difference in beliefs for pain control, and aid in further understanding on best evidence-based practices.