

Obstétrique - Divers

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Pudendal nerve block vs usual lidocaine infiltration for pain relief in episiotomy repair: a comparative prospective study

Y. Ellouze(1), M.Jallouli(1), R.Rhimi(1), A.Chaabouni(1), M.Derbel(1), S.Elleuch(1); H. Ketata*

(1) Docteur, Hopital Hedi Chaker Sfax Tunisie, Sfax, Tunisia

**Auteur présenté comme orateur*

Position du problème et objectif(s) de l'étude:

we aimed to compare the anesthetic and analgesic effect of the pudendal nerve block (PNB) and of the local lidocaine infiltration during episiotomy repair and in the following 24 hours.

Matériel et méthodes:

After the approval of the local ethics committee and informed consent, we conducted a prospective, randomized, controlled, double-blind study. 70 parturients undergoing natural birth requiring episiotomy and presenting contraindication or refusal of epidural analgesia were randomized to receive pudendal nerve block with ropivacaine or local lidocaine infiltration. The main endpoint was: evaluation of obstetric analgesia by visual analogical scale . The secondary judgment criteria were: hemodynamic parameters, suture duration, onset time of sensory block, time to first analgesic request, rehabilitation parameters, parturient and obstetrician satisfaction and pain intensifying factors.

Résultats & Discussion:

Demographic parameters were similar in both groups. Mean VAS pain score was significantly lower in pudendal group versus infiltration group at T10min(10 minutes after local anesthetic injection) (7.20 ± 8.56 vs. 20.43 ± 18.25 , $p < 0.01$), T15min (5.43 ± 8.17 vs. 17.71 ± 16.42 , $p < 0.01$), T20min(repair starting) (29.63 ± 23.59 vs. 44.06 ± 28.16 , $p = 0.023$), T1h (13.14 ± 19.18 vs. 32.20 ± 21.25 , $p < 0.01$), T1h30min (10.57 ± 14.74 vs. 27.34 ± 16.74 , $p < 0.01$) and T2h (9.57 ± 15.69 vs. 25.34 ± 16.32 , $p < 0.01$), T6h (13.57 ± 14.07 vs. 41.43 ± 23.24 , $p < 0.01$), T12h (22.60 ± 20.41 vs. 36.49 ± 23.35 , $p = 0.010$) and T18h (12.23 ± 11.84 vs. 27.94 ± 23.40 , $p < 0.01$). Significantly shorter average suture time and better obstetrician's satisfaction were observed in pudendal group. Nevertheless, parturient satisfaction did not reveal significant difference in our study, as well as time to first analgesic request.

Conclusion:

Nerve stimulator guided PNB proved to be more effective for pain management in episiotomy repair than the classical lidocaine infiltration.

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