

Perioperative Anaesthesia for Cervical Cerclage

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Introduction

Anaesthetic technique for cervical cerclage varies within the UK¹. An ongoing RTC is looking at the use of Prilocaine 2% for cervical cerclage compared to Bupivacaine². With current NHS bed pressures, reducing unnecessary overnight stays is advantageous. Our unit, a tertiary obstetric centre, introduced Prilocaine 2% for this purpose

Aims

- Remove the need for urinary catheter
- Earlier patient discharge

Methods

- Survey of patients undergoing cervical cerclage between July 2021 and July 2022
- Introduction of a Prilocaine 2% Standard Operating Procedure (SOP)
- Introduction of a revised bladder care pathway for day case/ Prilocaine spinals
- Ongoing survey of patients undergoing cervical cerclage since introduction of our prilocaine 2% SOP

Results: Baseline – 24 Patients

95% spinal; 5% GA

Spinals: 85% L-Bupivacaine 0.5%; 15% Prilocaine 2%

34% received IT opioid

87% had urinary catheters

Mean hospital LOS **23hrs.**

All admitted overnight

Results: Post intervention- 11 patients

91% spinal; 9% GA

Spinals: 90% Prilocaine 2%; 10% L-Bupivacaine 0.5%

No IT opioids

20% had urinary catheters

Mean hospital LOS **11hrs**

6 (55%) had same day discharge

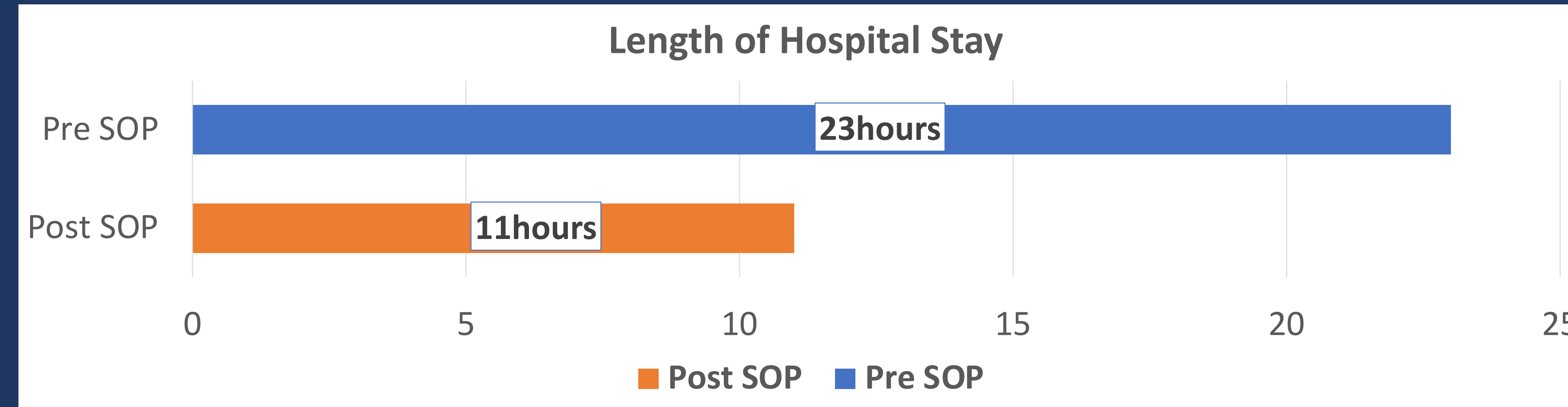


Fig 1 Checklist for Prilocaine 2% use

Pre-operative

Suitable for Regional Anaesthesia

Surgical Duration <90mins

Bladder voided pre-theatre

Intra-operative

Prilocaine 2% 2.0-2.5mls IT aiming for T8-T10 block

Limit fluid to <500mls

In/Out catheter if not voided pre-theatre

Antibiotics as per protocol

- Cefuroxime 1.5g & Metronidazole 500mg IV
- Penicillin allergy: Gentamicin 2mg/kg (Max 400mg), Teicoplanin 10mg/kg (max 800mg) & Metronidazole 500mg IV

Post-operative: Recovery

Minimum monitoring: SpO2, NIBP, ECG

Discharge Criteria

- Haemodynamically stable
- No significant pain or nausea

Post-operative: Ward

Discharge criteria (tick when achieved)

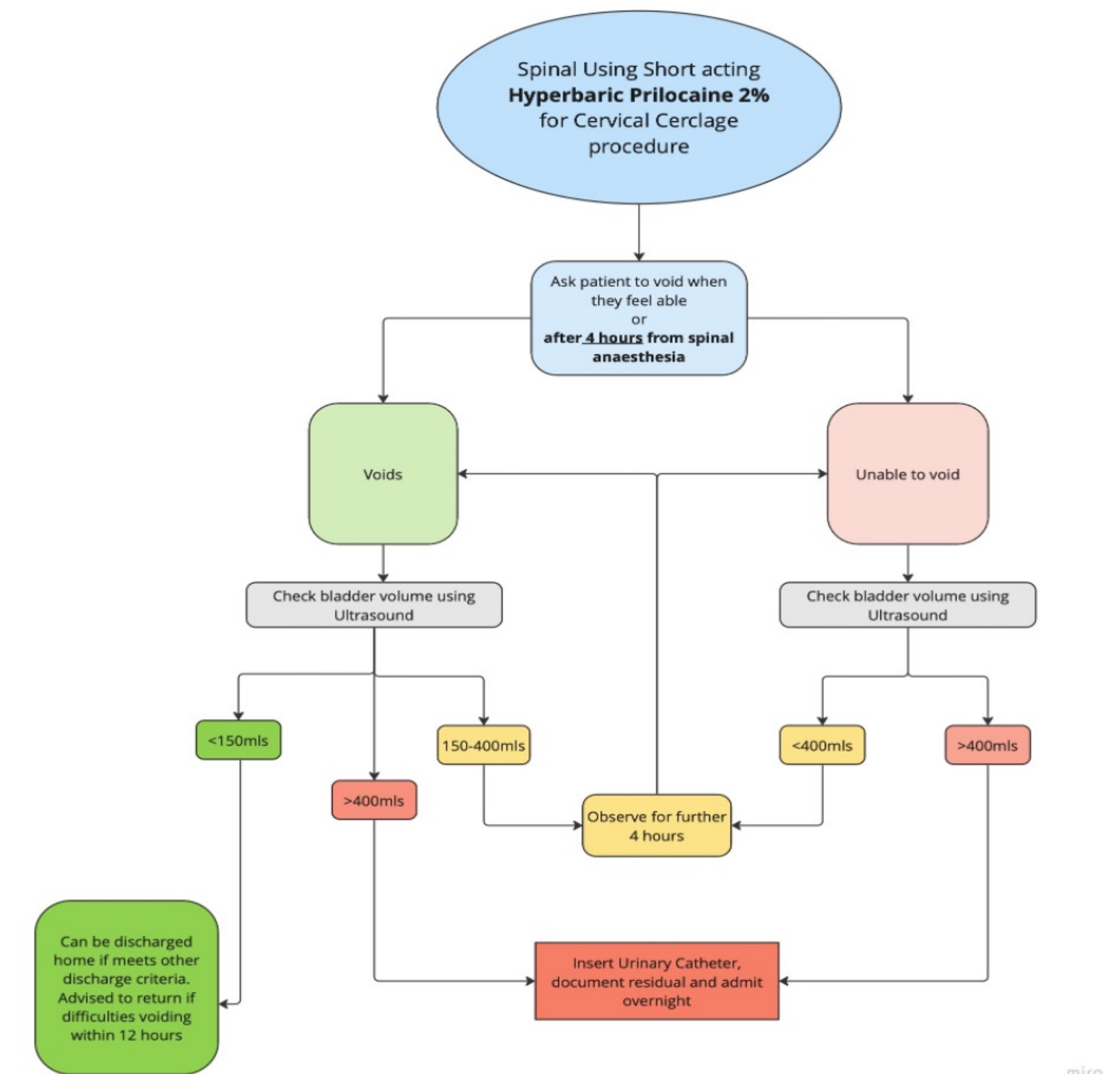
- Able to straight leg raise ☐
- Normal sensation on sole of foot and mobilising ☐
- Able to void bladder with <150mls residual volume – see Bladder Care Pathway ☐
- Viability scan complete ☐

A delay or absence in motor function beyond four hours should be reviewed by the anaesthetist – bleep 2740.

If these criteria are not met then the patient can be admitted overnight.



Fig 2 Bladder Care Pathway



Discussion

- Cervical cerclage is a well-established day case procedure in other regions
- Our current post-intervention data would suggest that our guidance has increased Prilocaine 2% use
- Along with our new bladder care pathway, this has reduced catheter use and decreased overnight stays
- We continue to promote our new guideline with the aim to establish day case as standard practice for cervical cerclage in our unit
- We plan to continue to monitor this data to ensure good practice with the potential to expand to other procedures.

References

- Lo Q, Tharmalingam B, Ezihe-Ejiofor A. Perioperative Anaesthetic Care of Cervical Cerclage – An OAA approved Survey. Obstetric Anaesthesia 2017.
- Monks, D. A Comparison of intrathecal hyperbaric prilocaine vs bupivacaine for regional anaesthesia indicated for cervical cerclage in pregnancy. A randomized, controlled trial (PRILOCC Trial). National Institute of Academic Anaesthesia. 2017. Available at: <https://www.niaa.org.uk/OAA-Large-Project-Grants>