

Improving the transvaginal cervical cerclage service: a quality improvement project at a tertiary obstetrics centre

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Introduction

Transvaginal cervical cerclage is a prophylactic intervention performed in pregnant women at risk of preterm birth. It is often a short, day case procedure, performed under regional anaesthesia using long-acting local anaesthetics.

The aim of this project was to evaluate current anaesthetic practice and outcomes for these cases within our trust, with a view to designing a protocol to reduce length of stay and improve overall patient experience.

Method

30 elective cervical cerclage cases who received neuraxial anaesthesia over a nine- month period in 2020-2021 were identified. Information on admission times, anaesthetic method, length of stay and complications was collected retrospectively by case notes review.

Discussion

Regional Anaesthesia - UK recommend that bupivacaine is not used for day case surgery[1]. There is increasing use of hyperbaric prilocaine for short-acting neuraxial anaesthesia in areas such as Urology, Orthopaedics along with a trial looking at it for elective Caesarean Sections[2]. In our trust, we have identified wide ranging practices when caring for patients undergoing cerclage, including timing of admission and surgery, anaesthetic dosing and length of stay.

We propose to introduce a protocol to provide guidance for anaesthetists who wish to use hyperbaric 2% prilocaine for cerclage procedures, to reduce the recovery time and enable same day discharge without the need for a urinary catheter.

References

1.RA-UK, Spinal Anaesthesia in Day Surgery, 2020. [hps://www.ra-uk.org/index.php/rauk-webinars/rauk-spinal- webinar](https://www.ra-uk.org/index.php/rauk-webinars/rauk-spinal- webinar).
2.Chapron K, Sleth J, Capdevila X et al. Hyperbaric prilocaine vs. hyperbaric bupivacaine for spinal anaesthesia in women undergoing elective caesarean section: a comparative randomised double-blind study. Anaesthesia. 2020;76:777-784. doi: 10.1111/anae.15342.

