Reducing the number of overnight stays post cervical cerclage: a tertiary centre's experience with prilocaine

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Introduction

Previous 50% overnight admission rate

Elective transvaginal cervical cerclage can be performed as a day case procedure in pregnant women at risk of preterm birth. We previously identified a 50% overnight admission rate following cervical cerclage performed under neuraxial anaesthesia with bupivacaine in our centre [1]. We implemented a standard operating procedure (SOP) which recommended the use of shorter acting local anaesthetics.

Method

Re audit after introduction of new SOP recommending shorter acting local anaesthetics

A re-audit was undertaken; 42 elective cervical cerclage cases who received neuraxial anaesthesia over a ten-month period in 2025 were identified. All patients received either hyperbaric bupivacaine 0.5% (n=19) or hyperbaric prilocaine 2% (n=23) based on anaesthetist preference. Information on admission times, anaesthetic method, length of stay and complications was collected retrospectively by case notes review.

Conclusion

Reduction in overnight admissions by >50%

The combination of the implementation of an elective day case cervical cerclage pathway and use of prilocaine for neuraxial anaesthesia has resulted in a reduction of overnight admission rates of more than 50%. The use of prilocaine was not associated with an increase in intra-operative pain, and was associated with a reduction in the mean time to first mobilisation of 108 minutes compared with bupivacaine. We will continue to promote the use of prilocaine for neuraxial anaesthesia in patients undergoing cervical cerclage within our institution.

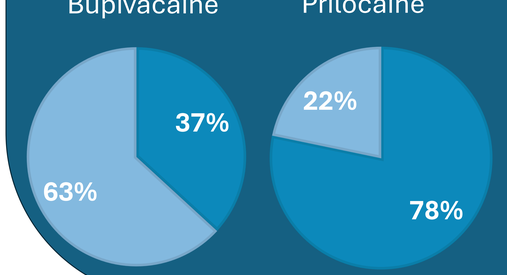
References: E. Dore, Y. Mahmoud, S. Shiels, J. Niewiarowski. P50 Improving the transvaginal cervical cerclage service: a quality improvement project at a tertiary obstetrics centre. International Journal of Obstetric Anesthesia. 2023; 54: Supplement 1

Results

78% of patients who received prilocaine were discharged the same day

	Prilocaine (n=23)	Bupivacaine (n=19)
Mean time to first mobilisation	278 minutes	386 minutes
Operative Duration	33 minutes (range 14–50 minutes)	29 minutes (range 13–44 minutes)
Perioperative catheterisation	3 (13%)	19 (100%)
Use of additional IV opiates	0	0
Conversion to GA	0	1

Overnight admissions for all procedures



Overnight admissions for procedures performed after 12pm