

Objectives



To demonstrate how allergy testing can guide the selection of a safe anaesthetic agent in a frail patient with severe Articaine allergy, enabling successful cervical loop excision (LLETZ) under local anaesthesia and avoiding general anaesthesia.

Allergy Testing & Anaesthetic Strategy

→ Referral to a specialist immunology clinic for identification of an alternative LA agents.

Agent	Brand Name	Classification	Tested	Outcome
Articaine	Not tested	Amide	No	Allergy
Mepivacaine Hydrochloride 3%	Scandonest® 3% plain	Amide	Yes	Tolerated
Lidocaine	—	Amide	Yes	Tolerated
Prilocaine Hydrochloride	Citanest® Special with Octopressin	Amide	Yes	Not used

Mepivacaine selected for use in procedure

Discussion

This case demonstrates the value of **preoperative local anaesthetic (LA) allergy testing** in enabling safe outpatient management for a frail patient with a known Articaine allergy.

Traditional management may have necessitated general anaesthesia (GA), but given the patient's comorbidities, this posed significant risk. Allergy testing identified **Mepivacaine** and **Lidocaine** as well-tolerated alternatives, allowing the LLETZ to be performed under local anaesthesia.

Case presentation: 64F

Referred to colposcopy clinic following an abnormal smear - severe dyskaryosis requiring urgent LLETZ procedure.

Frail with multiple comorbidities including cardiovascular disease, making general anaesthesia high-risk.

Severe allergy to Articaine!
An amide local anaesthetic (LA)

This Process:

1. Avoided the risks associated with GA in a high-risk patient

2. Ensured personalised, patient-centred care

3. Showcased effective multidisciplinary collaboration between gynaecology, anaesthetics and immunology.

Procedure & Outcome

LLETZ performed under local anaesthesia using Mepivacaine

Performed in an outpatient setting with no sedation

Uncomplicated procedure with no adverse events intra or post-operatively

Patient was safely discharged home on the same day

Broader Implications

•Allergy testing should be considered in any patient with a suspected or confirmed LA allergy, especially when GA pose significant risks to patient.

•Supports a growing role for tailored outpatient surgical management.

•Highlights the importance of integrating allergy services into perioperative planning.

Supporting Literature

1. True allergy to amide local anaesthetics is rare, but allergy testing can identify safe alternatives when history is unclear or high-risk¹.

2. NICE recommends referral to specialist allergy services for patients with suspected LA allergy prior to surgery, to guide anaesthetic planning².

3. National and international guidelines support individualised anaesthesia planning in frail or complex patients to reduce GA-associated risks³.

4. LLETZ is well-tolerated under LA in the majority of cases, making it ideal for outpatient management when GA is contraindicated⁴.

Learning Points



- ❖ Allergy testing can enable safe use of LA in patients with suspected or confirmed allergy.
- ❖ Avoidance of GA in frail patients reduces procedural risk.
- ❖ Multidisciplinary collaboration is essential.
- ❖ Consider immunology referral where LA allergy history is unclear or clinically significant

This approach can be safely adopted in other surgical specialties where LA is preferred but allergy risk is uncertain.

References

1. Bhole MV, Manson AL, Seneviratne SL, Misbah SA. IgE-mediated allergy to local anaesthetics: Separating fact from perception: A UK perspective. *British Journal of Anaesthesia*. 2012 Oct;109(4):669. doi:10.1093/bja/aes348
2. NICE. Drug allergy: diagnosis and management. Clinical guideline [CG183]. 2014. <https://www.nice.org.uk/guidance/cg183>
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4. Royal College of Obstetricians and Gynaecologists. Large loop excision of the transformation zone (LLETZ). RCOG; 2020. Available from: <https://www.rcog.org.uk/for-the-public/browse-our-patient-information/large-loop-excision-of-the-transformation-zone-lletz/>