

Gynaecological procedures and surgery under procedural sedation and analgesia (PSA) in a Dutch out-patient clinic

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ES24-0113**Posters****Gynaecological Procedures and Surgery Under Procedural Sedation and Analgesia (Psa) in a Dutch Out-patient Clinic**

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Background

To assess procedure and admission time, pain scores, completeness of procedure and safety among patients undergoing various procedures under PSA in an office based setting.

Methods

In this prospective cohort study we included all patients undergoing diagnostic or operative hysteroscopies and patients having an IUD placed or removed under PSA in the gynaecologic out-patient clinic of a teaching hospital. We registered time of procedure and admission, used scope, completeness of the procedure, surgical or anaesthetic complications and the visual analogue scores (VAS) before, during and after the procedure and during menses. We also registered time of procedure and admission of comparable procedures performed in the OR under general or spinal anaesthesia.

Results

To date we performed 98 procedures under PSA: endometrial ablations (14), hysteroscopic removal of myomas (12), polyps (39), retained products of pregnancy(RPP) (5) and synechiae (6), diagnostic hysteroscopies (14) and IUD removal/placement (8). Patients had a mean age of 46,3 years. 26,5% was postmenopausal and 38,8% were nulliparous (vaginally). Median VAS was 0 before, during and after the procedure with a range of 0-10, 0-2 and 0-7 respectively. Median VAS during menstruation was 4 (range 0-10). Median time of procedure was 11:17 min and time of admission 2:20 hour. In a cohort of 98 identical procedures performed in an OR setting, we observed median procedure time of 18:00 min and median admission time of 7:47 hour. These are statistically different compared to the PSA cohort (both $p < 0,001$). One patient was admitted with fever, 2 days after endometrial ablation, she was treated with antibiotics and recovered soon. Cultures were negative. In 4 patients removal of the intracavitary pathology was incomplete: twice because of underestimation of pathology size, once because of poor visibility and once because of the patient tightening her legs despite proper sedation and analgesia. We found no significant differences in VAS or time of procedure/admission between vaginal nulli- and multiparous women. VAS was not different when using a 5.6mm or 9.0mm scope. Procedure time differed significantly between the 5.6 and 9.0mm groups ($p = 0,004$) though.

Conclusions

Our cohort study of women undergoing gynaecological procedures and surgery under PSA showed procedure and admission times that are significantly lower compared to the same sort of procedures in OR. We also found low VAS scores, and a low rate of complications and incomplete procedures. The use of bigger instruments (9.0mm) does not make a difference in the patient's pain experience. Longer procedure time with these instruments can be explained by the size and structure of the pathologies in which 9.0mm instruments are used. Our experience with PSA in an office based setting is very positive. We think it provides a good alternative for a range of procedures normally performed in an OR setting.