Standardize Procedure
Paracervical Block

*These procedures are intended to describe procedures performed by Any Advanced Practice Provider at UC San Diego Health System. Deviations from these standardized procedures should be documented in a procedure or operative note***.**

I. Background Information

To provide a detailed and standardized procedure for the administration of a **Paracervical Block (PCB)** to ensure patient safety, minimize discomfort, and provide effective analgesia for procedures requiring cervical dilation such as intrauterine device insertion, colposcopy, endometrial biopsy.

II. Procedures and Settings

The APP at UCSD may perform paracervical block in clinical settings such as outpatient clinics, hospitals, and during diagnostic or therapeutic gynecologic procedures.

III. Definition:

Paracervical Block (PCB): A local anesthesia technique involving the injection of anesthetic agents near the cervix to block pain transmission during gynecological procedures.

IV. Supervision:

Per the UCSD Medical Staff Bylaws all tasks are to be performed by the APP under the supervision of a licensed physician and surgeon who has current practice or training in obstetrics. The physical presence of the supervising physician is not required at the time the APP is engaged in practice.

The APP will notify physician immediately under the following circumstances:

1. Patient decompensation or intolerance to the procedure
2. Outcome of the procedure other than expected

V. Procedure:

Materials and Equipment

- Gloves
- 1% Lidocaine (or alternative anesthetic as per medical protocol)
- 22 gauge spinal needle (3.5”)
- 10 mL syringe with 18–20-gauge needle to draw up anesthetic
- Resuscitation equipment (emergency kit, oxygen, etc.)

Procedure Steps

1. Preparation

1. **Confirm Patient Identity**: Verify the patient’s identity using two identifiers (e.g., name, DOB).

2. **Obtain Consent**: Ensure informed consent for the procedure is obtained and documented, explaining the risks and benefits of the block.
3. **Positioning**: Have the patient lie in a **lithotomy position** to access the cervix easily. Ensure proper draping for patient comfort.
4. **Equipment Setup**: Assemble and prepare all necessary equipment in a sterile manner. Draw up the anesthetic solution (typically 1% lidocaine) into a 10 mL syringe.

2. Site Preparation

1. **Clean the Area**: Cleanse the vaginal area and cervix with **chlorhexidine solution**.
2. **Visualize Cervix**: Insert a speculum into the vagina to visualize the cervix.

3. Injection Technique

1. **Identify Injection Site**: The injection is typically performed **bilaterally** at 4 and 8 o'clock at the cervicovaginal junction. If a tenaculum will be used for the subsequent procedure, an injection may also be done at tenaculum site.
2. **Needle Insertion**: Insert the needle to a depth of approximately 10mm. Withdraw to confirm no blood return as this would indicate injection into vessel. Should blood return occur, withdraw needle and re-insert in appropriate position.
3. **Injection of Anesthetic**: Slowly inject 3–5 mL of local anesthetic per side, ensuring that the anesthetic is deposited near the **parametrium** (tissues surrounding the cervix). May inject 1mL of local anesthetic at tenaculum site. Do not exceed a total of 20 mL of anesthetic.

4. Post-Procedure Care

1. **Monitor for Immediate Reactions**: After the procedure, monitor the patient for signs of allergic reactions, adverse reactions, or any signs of local anesthetic toxicity (e.g., dizziness, ringing in the ears, blurred vision).
2. **Post-Procedure Pain Management**: Provide appropriate analgesia post-procedure, if necessary, and give instructions on what to do in case of pain or complications.
3. **Observe Patient**: Keep the patient under observation for at least 15 minutes post-procedure to ensure there are no immediate adverse effects.
4. **Patient Instructions**: Advise the patient on possible side effects (e.g., mild cramping, dizziness) and ensure they understand when to seek further medical help (e.g., signs of infection, excessive bleeding, or systemic reactions).

Documentation

- The APP will record the details of the procedure in the patient's medical record, including:
    - Date and time of procedure
    - Type and dosage of anesthetic used
    - Sites of injection

- Any complications or adverse reactions during the procedure
- Post-procedure instructions provided to the patient

References:

- American College of Obstetricians and Gynecologists. (2020). Paracervical Block. *ACOG Guidelines.*
- Wilkins, C., & Berry, C. (2019). *Obstetric and Gynecologic Procedures: A Comprehensive Guide.* Elsevier.
- National Institute for Health and Care Excellence (NICE). (2021). Local Anesthesia in Obstetrics and Gynecology.

REQUIREMENTS

Training and/or education requirements:

1. APP must have privileges at UCSD Medical Center

Methods for initial and continuing evaluation:

1. Initial Competency Assessment: 3 observed procedures by provider trained and privileged to perform paracervical block

2. On-going Competency Evaluation:

   Monitoring via OPPE

Scope of supervision required to perform the functions of this standardized procedure:
Per the UCSD Medical Staff Bylaws all tasks are to be performed by an advanced practice provider under the supervision of a licensed physician and surgeon who has current practice or training in obstetrics. The physical presence of the supervising physician is not required at the time the APP is engaged in practice.

DEVELOPMENT AND APPROVAL

This standardized procedure was developed through collaboration of nursing, the nurse-midwives, nurse practitioners, physicians, and administration at UCSD Medical Center.
The Medical Staff Office will maintain a written record of all APP authorized to perform the functions of this standardized procedure.

The method and timeline for periodic review of this standardized procedure will be every two years with the overall review of Clinical Practice Guidelines. This review is conducted by the Director of the UCSD Nurse-Midwifery Service and the Director of Maternity Services of the Department of OB/GYN and Reproductive Sciences with revisions made as necessary.