

5 INTRAPARTUM CARE

5.11 ASSISTED VAGINAL DELIVERY

Date Issued: May 2008
Date Revised: January 2011
Review Date: January 2014
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Review Team: OGCCU

5.11.3 Pudendal nerve block
Section B
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5.11.3 PUDENDAL NERVE BLOCK

The pudendal nerves derive from the lower sacral nerve roots of S2, S3 and S4 and provide sensory innervation for the lower vagina, the vulva, and the perineum, and also motor innervation for the perineal muscles. Pudendal nerve block anaesthetisation is achieved by depositing local anaesthesia behind each of the sacrospinous ligament.¹

The pudendal nerve can be blocked by two approaches which are transvaginal or transperineal.² At KEMH the preferred mode for insertion is transvaginal. Generally the analgesia affect takes 6-15 minutes, so timing of the administration is central to effective obstetric use.³ The pudendal nerve block can provide effective anaesthesia for outlet forceps delivery¹. This analgesia however does not provide effective analgesia for labour pain, and is generally ineffective for mid-forceps delivery, exploration of the uterus^{1,4}, or repair of cervical and upper vaginal wall lacerations.⁴

Maternal complications are rare, but can include local anaesthetic toxicity, infection, haematoma formation¹, retrosoal and subgluteal abscesses⁵, and sciatic nerve block/injury.⁶ A potential complication for the accoucher is a needle-stick injury due to the close proximity of the finger palpating for the correct position to inject.²

AIM

To provide analgesia for:

- second stage labour pain⁵
- low forceps deliveries⁵ or vacuum extraction deliveries⁴
- women who have contra-indications to lumbar analgesia
- repair of vaginal or perineal lacerations⁵

EQUIPMENT

1 X Disposable pudendal block needle
1% Xylocaine
1 X 20mL syringe

PROCEDURE	ADDITIONAL INFORMATION
<p>1 Prior to commencing the procedure</p> <p>Obtain maternal consent</p>	
<p>2 Position</p> <p>Place the woman in lithotomy position.⁶</p>	
<p>3 Technique</p>	
<p>3.1 Hold the guarded needle between the middle and index finger of the right hand to block the right pudendal nerve.</p> <p>(The left hand holds the needle for the left side)</p>	<p>The needle guards the vaginal mucosa and protects the fetal head.⁵</p>
<p>3.2 Palpate the ischial spine.⁶</p>	<p>The sacrospinous ligament lies 1 cm medial and posterior to the ischial spine.</p>
<p>3.3 Advance the needle posterior to the ischial spine to a depth of 1-1.5 cm⁶ using a loss of resistance method.³ This places the needle through the sacrospinous ligament.⁶</p>	<p>The tip of the needle will now lie in the area of the pudendal nerve.</p>
<p>3.4 Aspirate for blood.</p>	<p>Aspiration is essential due to the close proximity of the pudendal artery.³</p>
<p>3.5 Inject up to 10mL of local anaesthetic e.g. 1% Xylocaine.</p>	<p>Xylocaine 1% appears in maternal and fetal blood within 5 minutes of the block, and peaks between 10 to 20 minutes.</p>
<p>3.6 Repeat the procedure of the opposite side.</p>	

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