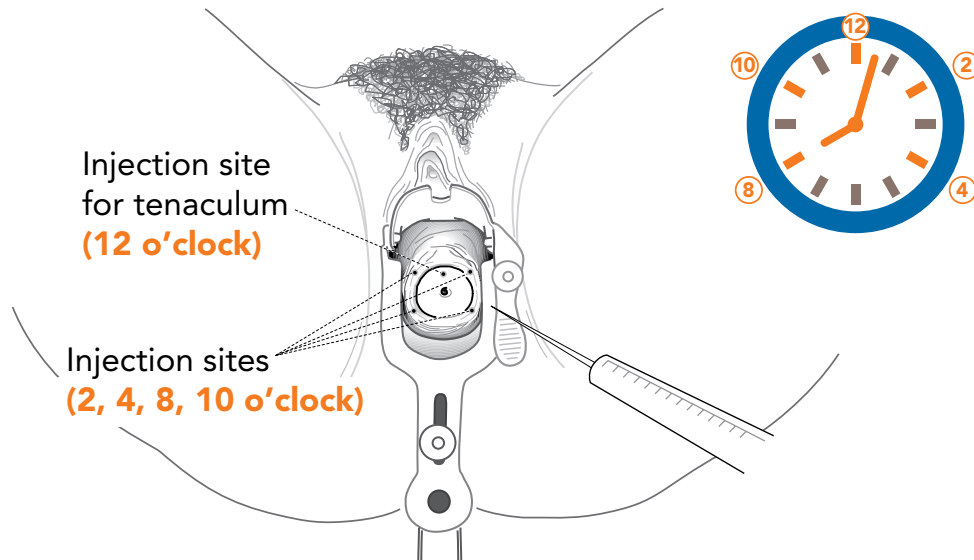


# PARACERVICAL BLOCK TECHNIQUE



- 1** Prepare lidocaine syringe using 20mL of 1% lidocaine and a 3cm (1in) needle.
- 2** Place the speculum and perform cervical antiseptic prep.
- 3** Inject 2mL of lidocaine superficially into the anterior lip of the cervix where the tenaculum will be placed (12 o'clock).
- 4** Grasp cervix with the tenaculum at 12 o'clock.
- 5** Inject remaining lidocaine in equal amounts at the cervicovaginal junction, at 2, 4, 8 and 10 o'clock.
- 6** Begin procedure without delay.

## PRACTICE TIPS

- Do not exceed the lidocaine maximum dose of 4.5mg/kg or 200mg total.
- If 1% lidocaine is unavailable, 10mL of 2% may be substituted. A two-point paracervical block technique (injecting at 4 and 8 o'clock) may be used.
- Where available, and where staff have been trained to do so, sodium bicarbonate may be added to the paracervical block (1mL of sodium bicarbonate for every 10mL of anesthetic solution).
- Deep injection of lidocaine (3cm or 1in) provides more effective pain relief than superficial injection.
- Aspirate before injecting to prevent intravascular injection.
- Possible side effects seen with intravascular injection include peri-oral tingling, tinnitus, metallic taste, dizziness or irregular/slow pulse.
- Midlevel providers trained to provide paracervical block demonstrate similar safety and efficacy as physicians.
- Serious adverse events related to paracervical block are rare.

For more information, visit [www.ipas.org/clinicalupdates](http://www.ipas.org/clinicalupdates).