Paracervical Block
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RELEVANT ANATOMY
Exocervix, posterior cul de sac, uterosacral ligaments.

PATIENT POSITION
• Dorsal lithotomy

EQUIPMENT
• Single tooth tenaculum or atraumatic vulsellum forceps
• 1% lidocaine maximum volume of 20 mL
• 10-cc syringe
• 22 to 23G need on extender or spinal needle
• Speculum

TECHNIQUE
1. Place speculum to obtain good visualization of the entire cervix.
2. Place 2 to 3 mL of lidocaine at the 6 or 12 o’clock position (depending on where tenaculum placement is planned).
3. Grasp the anesthetized portion of the cervix with a tenaculum or atraumatic vulsellum forceps.
4. Inject 10 cc of lidocaine at or just above each uterosacral ligament (4 o’clock and 8 o’clock position) 1 cm under the mucosa where vagina reflects off the cervix (Figs. 13.7.1 and 13.7.2).
5. Inspect the injection sites for bleeding.
6. May need to hold pressure with a long cotton swab or silver nitrate.
7. Wait 10 minutes before proceeding with the procedure.
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**Paracervical block** completed after injecting at 4 and 8-o’clock positions 1cm under mucosa where vagina reflects off of cervix.


**Figure 13.7.2** Needle being inserted at the 8 o’clock position just above the uterosacral ligament.
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CPT Code

64435. Injection, anesthetic agent; paracervical (uterine) nerve

PEARLS

• Maximum dose of lidocaine is 4.5 mg/kg body weight.
• Peak plasma level occurs in 10 to 15 minutes.
• Epinephrine 1:200,000 or 5 mcg/mL added to local anesthetics can cause vasoconstriction. As a result, there is decreased bleeding at the operative site, an increase in the potency of the block, and prolongation of duration of the anesthesia.
• Risks of systemic epinephrine administration can cause cardiostimulatory effects particularly in patients who are hypertensive or prone to cardiac tachyarrhythmias.
• Grasping the cervix on the posterior lip allows for better access to the portions of the cervix where the local is to be injected (4 and 8 o’clock) and obviates the need to keep lifting the tenaculum out of the way during the subsequent procedure. Posterior lip placement has no adverse effect on accessing the cervical canal or the uterus of an anteverted or anteflexed uterus.