

Local Anesthesia Medication & Guidelines for Office-based Procedures

Physicians using anesthesia in the office setting should adhere to guidelines outlined by the American Society of Anesthesiologists in order to help ensure patient safety. These include: 1,2

- Familiarity with proper doses, administration of medications, the response to adverse reactions, and other potentially required interventions
- Familiarity with the relevant guidelines and regulations published by departments of public health, medical organizations, and individual states

- Accessibility to adequate monitoring equipment
- Having the necessary equipment for resuscitation, including an automated external defibrillator
- Thorough risk assessment and understanding of possible contraindications
- Select patients with ASA physical status less than 3

Below are sample paracervical block protocols:

Medication	Usual Concentration	Usual Volume (mL)	Onset	Duration of Action	Maximum Dosage Guidelines (Total Cumulative Infiltrative Injection Dose per Procedure*)
Lidocaine	1%	5 - 20	Slow (3 - 5 min)	Medium (30 - 60 min)	4.5 mg/kg not to exceed 300 mg
Lidocaine with epinephrine	1%, epi 1:100,000 or 1:200,000	5 - 20	Slow (3 - 5 min)	Long (120 - 360 min)	7 mg/kg
Bupivacaine	0.25 - 0.5%	5 - 20	Slow	Long (120 - 240 min)	2.5 mg/kg not to exceed 175 mg total dose
Bupivacaine with epinephrine	0.25 - 0.5%	5 - 20	Slow	Long (180 - 420 min)	Not to exceed 225 mg total dose
Procaine	2%	5 - 20	Fast acting	Short (15 - 30 min)	7 mg/kg not to exceed 350 - 600 mg
Chloroprocaine	2%	5 - 20	Fast acting	Short (15 - 30 min)	11 mg/kg not to exceed 800 mg total dose
Chloroprocaine with epinephrine	2%, epi 1:100,000 or 1:200,000	5 - 20	Fast acting	Short (15 - 30 min)	14 mg/kg; not to exceed 1,000 mg
Prilocaine	1%	5 - 20	Slow	Medium (30 - 60 min)	Body weight < 70 kg:8 mg/kg not to exceed 500 mg. Body weight > 70 kg:600 mg
Ropivacaine	0.2 - 0.5%	5 - 20	Slow	Long (120 - 360 min)	5 mg not to exceed 200 mg for minor nene block
Mepivacaine	1%	5 - 20	Slow	Medium (45 - 90 min)	7 mg/kg not to exceed 400 mg

References

1. American College of Surgeons. Guidelines for Office-based Surgery (Adopted December 18, 2003). 2. American Society of Anesthesiologists. Guidelines for Office-based Anesthesia (Approved by the ASA House of Delegates on October 13, 1999, and last affirmed on October 27, 2004).

Important Safety Information: NovaSure endometrial ablation is for premenopausal women with heavy periods due to benign causes who are finished childbearing. Pregnancy following the NovaSure procedure can be dangerous. The NovaSure procedure is not for those who have or suspect uterine cancer; have an active genital, urinary or pelvic infection; or an IUD. NovaSure endometrial ablation is not a sterilization procedure. Bare but serious risks include, but are not limited to, thermal injury, perforation and infection. Temporary side effects may include cramping, nausea, vomiting, discharge and spotting. If you, or someone you know, have possibly experienced a side effect when using our product, please contact your physician.

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