

# OVERVIEW OF LOCAL ANESTHESIA GUIDELINES FOR OFFICE-BASED ENDOMETRIAL ABLATION PROCEDURES

The following local anesthesia guidelines for office-based endometrial ablation procedures are currently in use by Dr. James Mirabile, Dr. Paul Harris, Dr. Stephen Dalm, and Dr. Edmond Kim, who developed these guidelines. These Anesthesia guidelines are provided for information purposes only. These guidelines may be adopted, modified or rejected according to clinical needs and constraints, and are not intended to replace local or institutional guidelines. It is the sole responsibility of the treating clinician to select an anesthesia guideline that is appropriate for each patient, and use of any guideline presented herein cannot guarantee any specific outcome. Clinicians remain responsible for complying with applicable institutional guidelines, and local, state and federal rules and regulations regarding use of anesthesia, reimbursement and all other aspects of in-office procedures. In no event shall Minerva be liable for damages of any kind resulting from use of the information presented. Results and patient experience may vary. While Minerva is Safe, as with any medical treatment, some rare side effects a person could experience include: perforation, infection, and thermal injury. Only a licensed Gynecologist can use the Minerva Endometrial Ablation System. For complete Instruction For Use, please refer to the Minerva Surgical Operators Manual and Instructions For Use provided with the Minerva System. To learn more about what to expect with the Minerva Treatment, including a complete list of warnings, cautions, contraindications, visit: [www.minervasurgical.com](http://www.minervasurgical.com)

# OVERVIEW OF LOCAL ANESTHESIA GUIDELINES FOR OFFICE-BASED ENDOMETRIAL ABLATION PROCEDURES

## Dr. James Mirabile

Mirabile M.D. Beauty, Health & Wellness  
4550 W. 109th Street, Suite 130  
Overland Park, KS 66211

MEDICATION	DOSAGE	TIME COURSE	GUIDELINES
<b>Pre-Procedure</b>			
Ibuprofen	800 mg	By mouth every 12 hour	1 day prior to treatment
Diazepam®	10 mg	By mouth 1 hour before treatment	Day of treatment
Tramadol®	100 mg	By mouth 1 hour before treatment	Day of treatment
Ketorolac®	60 mg	IM 30 minutes before treatment	Day of treatment

### Procedure

Inject a total of 20 ml of Lidocaine 1% into the Cervix. Inject 5 mL at 3 o'clock and 9 o'clock for cardinal ligament injection. Inject 5 mL at 5 o'clock and 7 o'clock for uterosacral ligament injections. Have on hand Zofran® ODT 8 mg for nausea.

### Post Procedure

Tramadol®	50 mg	By mouth every 6 hours as needed for pain
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Paracervical Block is to be administered 10 minutes before the treatment.

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## Dr. Paul Harris

Westside OB/GYN Center  
1091 Kirkpatrick Rd.  
Burlington, NC 27215

MEDICATION	DOSAGE	TIME COURSE	GUIDELINES
<b>Pre-Procedure</b>			
Ibuprofen	800 mg	One by mouth 3 times a day.	Start 2 days before treatment
Cytotec®	200 mg	Vaginally at Bedtime. Can be PO	1 day prior to treatment
Phenergan®	25 mg*	By mouth 1 hour before treatment	Day of treatment
Demerol®	100 mg	By mouth 1 hour before treatment	Day of treatment
Valium®	5 mg	By mouth 1 hour before treatment	Day of treatment

### Procedure

Inject a total of 20 ml of Lidocaine 2% into the Cervix at 2, 4, 8 and 10 o'clock in divided doses. Also may use 1-2 mL on anterior lip of Cervix where tenaculum to be placed, vs hurricane spray.

### Post Procedure

Norco®	5/325 mg	1-2 pills by mouth every 4-5 hours as needed for pain
Ibuprofen	800 mg	One by mouth every 8 hours as needed for pain
Phenergan®	25 mg*	As needed for Nausea (rare)

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\*The amount of Phenergan can be adjusted downward for small patient size

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## Dr. Stephen Dalm

Center for Women's Sexual Health  
Grand Rapids OB/GYN  
4070 Lake Drive SE.  
Grand Rapids, MI 49546

MEDICATION	DOSAGE	TIME COURSE	GUIDELINES
<b>Pre-Procedure</b>			
Cytotec®	200 mg	By mouth at 6pm and 11pm	1 day prior to treatment
Percocet®	7.5/325 mg	By mouth 1 hour before treatment	Day of treatment
Xanax®	2 mg	By mouth 1 hour prior to treatment	Day of treatment
Belladonna - Morphine Suppository	15/7.5 mg	Insert rectally 1 hour prior to treatment	Day of treatment
Zofran®	4 mg	By mouth 1 hour before treatment	Day of treatment
Toradol®	60 mg	IM 1 hour before treatment	Day of treatment

### Additional Comments:

Nitrous Oxide can be administered 10-15 minutes prior to treatment in place of Xanax®

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**Dr. Edmund Kim**

Maternal Gynerations  
600 Professional Dr. Suite 205  
Lawrenceville, GA 30046

MEDICATION	DOSAGE	TIME COURSE	GUIDELINES
<b>Pre-Procedure</b>			
Pecocet®	7.5/325 mg	By mouth 1 hour before treatment	Day of treatment
Xanax®	2 mg	By mouth 1 hour before treatment	Day of treatment
Ketorolac®	30 mg	IM 1 hour before treatment	Day of treatment

## Procedure

**Step 1:** Prepare 60 mL solution using the 3 medications noted below:

10 mL - 2% lidocaine (plain)

30 mL - Bacteriostatic sodium chloride 0.9%

20 mL – Naropin (Ropivacaine) 0.5% 100mg/20mL

**Step 2:** Using a 10 mL control syringe, draw up 10 mL of the solution. Place a needle extender and 22 gauge 1.5 inch needle and inject 1-2 mL into anterior lip of the cervix. Place the single tooth tenaculum on the anterior lip of the cervix.

**Step 3:** Place the needle just under the mucosa at the 8 o'clock position while having the patient cough (to distract them from the initial stick). Aspirate to make sure the needle is not in a blood vessel. Inject about 2 mL of the solution. Advance the needle until it is about halfway buried. Aspirate again to make sure you are not in a blood vessel and then inject 3-4 mL of solution. Further advance the needle until buried to the hub. Again aspirate and if not in a vessel, inject the remaining solution. 10 mL in total will be placed at that location. Repeat Step 3 at the 4, 10 and 2 o'clock positions. A total of 40 mL will be used for the paracervical block with an additional 1-2 mL at the anterior cervix.

**STEP 4:** Dilate the cervix to place the hysteroscope. After hysteroscopy, an EMB is performed using a Uterine Explora Curette which has a syringe on it. As the curette is rotated, if the patient feels pain on one side or the other, inject another 10 mL of solution at the 4 or 8 o'clock position of the side where the discomfort is felt. Repeat the EMB. If the patient is relatively comfortable with the EMB, proceed with the ablation. If not inject another 10 mL. In total, 60 mL can be used.

Paracervical Block is to be administered 10 minutes before the treatment.

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