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EFFICACY OF LOCAL ANAESTHETIC AND STEROID INJECTIONS IN PATIENTS WITH VAGINAL MESH-RELATED CHRONIC PELVIC PAIN

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Introduction:

Combined local Anaesthetic and Steroid injections (LASI) have been used in localised chronic pain, including perineal and vaginal pain. There is no published guidance on their use and benefits for this purpose. In this study we analyse the efficacy of LASI in vaginal Mesh related Chronic pelvic pain.

Methodology:

A retrospective review of case notes of patients with vaginal mesh complications over a 9-year period who received LASI for chronic pelvic pain was performed. Patients were identified, from unit surgical records and grouped as having targeted LASI or Combined block (Targeted with Pudendal block). The drug combination, treatment response and complications were recorded. Success was defined as patients scoring 1 or 2 (complete or some improvement respectively in a 4-point Likert scale) after 2-week post treatment.

Results:

Total 26 patients with median age 53.5(range 39-73) were included. 23/26 (88.5%) had pain over 2 years. All (26) had a trigger point related to mesh and received targeted LASI, 3 (11.5%) also had additional pain areas away from mesh, so also received a Combined block. The steroids used were Depomedrone(40-80 mg) or Triamcinolone(80mg). Local anaesthetics used were Levobupivacaine 0.5-0.75%(10-20 ml) or Lignocaine1%(5-10ml). 17/26(53.8%) had initial success, with a reduction in pain lasting +2 months in 10/17(59%). Response was better in targeted than combined group(69% versus 33.3%) and similar with different LASI combinations. 19/26(73%), received a second dose with 10/19(52.6%) reporting success lasting beyond 2 months. 11/26(42%) women opted for mesh removal surgery. 8/26(30.8%) continued over 2 treatments, had <50% success overall. No adverse events were reported.

Conclusions:

LASI was effective in over 50% of patients in providing temporary relief to mesh-related chronic-pain and though may not offer long-term solution, this treatment may help with pain control whilst awaiting surgery. Success was better in patients with focal points of pain.