COMBINED PARACERVICAL AND PUDENDAL NERVES BLOCK ANAESTHESIA IN RELIEF OF LABOUR PAIN

by

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Para-cervical block anaesthesia was first used by Gellert (1926) and others of Germany. In recent years, combined paracervical and pudendal block anaesthesia has been reported to be a safe, simple and effective means of relieving labour pains by a number of authors. (Kobak *et al*, 1961; Cooper *et al*, 1963; Nyirjesy *et al*, 1963; Brown *et al*, 1965) This method claims to be technically easy, requires no costly apparatus or drugs and can be used by an average obstetrician. It, therefore, calls for further study and trial. This is a report of our experience and observations on combined para-cervical and pudendal block anaesthesia in 108 women in labour as compared with a control group of 210 labour cases admitted into the obstetric ward of the Gauhati Medical College Hospital during the period from May, 1969 to October, 1970.

Material and Methods

Eighty-five out of 108 women (78.7%) who had combined paracervical and pudendal block anaesthesia were uncomplicated labour cases, 15 or 13.9 per cent were cases of premature labour and eight (7.4%) had mild pre-eclampsia. In the control group, there were 170 (80.9%) uncomplicated labour cases, 18 (8.6%) premature labours and 22 (10.5%) women with mild pre-eclampsia.

Age

The age of the patients of both the treated and control groups varied from 15 years to 38 years. The majority of the women in both the groups belonged to 20-24 years age group.

Parity

The parity status of the patients of both the groups varied from 0 to 7. 51.9 per cent of the cases of the treated group and 30.5 per cent of the control group were primiparas. 48.1 per cent of women in the treated group were multiparas against 69.5 per cent in the control group.

Educational Status

70.3 per cent of the patients in the treated group and 63.8 per cent in the control group were literate and the rest were illiterate.

Dilatation of cervix at the Time of Paracervical Block and Pudendal Block.

All the women were in well established labour with cervix taken up and dilated not less than 3 cm as the time of paracervical block. The pudendal block was performed when the cervix was fully dilated in case of primigravidas and fully or 4/5th dilated in case of multiparas.

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