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Remifentanil Infusion and Paracervical Block Combination for Transvaginal Ultrasound Guided Oocyte Retrieval

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Abstract: The optimal anesthetic technique for transvaginal ultrasound guided oocyte retrieval (TUGOR) is not known. We present a case series of patients having TUGOR under intravenous remifentanil infusion and paracervical block (PCB). One hundred four unpremedicated patients were included in our study. After monitoring heart rate (HR), mean arterial pressure (MAP), peripheral oxygen saturation (SpO₂) and end tidal CO₂ (ETCO₂), a remifentanil infusion of 0.25 µg kg⁻¹ min⁻¹ was started. PCB (10 ml 1% lidocaine) was performed under remifentanil infusion. As soon as the patient felt dizzy, the remifentanil infusion was decreased to 0.15 µg kg⁻¹ min⁻¹. Sedation was evaluated according to a 5 - point scale (1: Patient sleeps and cannot be awakened, 2: Patient sleeps and can be awakened with difficulty, 3: Patient sleeps and can be easily awakened, 4: Patient is cooperative, oriented, and tranquil 5: Patient is anxious and agitated). Pain intensity was assessed with an 11-point numerical pain rating scale (NPRS) (0 = no pain while 10 = most severe pain). Patient satisfaction was assessed by asking whether they would prefer the same anesthesia protocol should they need to undergo a similar procedure in future. Side effects were recorded. ANOVA was used to assess differences in time and P < 0.05 was considered significant. HR and MAP decreased significantly from pre-procedure values but they were not clinically significant. Sedation scores remained between 3 and 4 and satisfactory analgesia was achieved in all patients. The most frequent side effects were fatigue (43.3%), nausea (34.6%) and pruritus (28.8%). Most of the patients were satisfied with the anesthetic technique. Remifentanil infusion in combination with PCB under monitored anesthesia care provided satisfactory analgesia without any major adverse effects in patients undergoing TUGOR.

Key Words: Oocyte retrieval, paracervical block, remifentanil

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