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# TECHNIQUES OF ADMINISTRATION OF LOCAL ANESTHESIA AND IV SEDATION FOR THE TVT-OBTURATOR PUBOVAGINAL SLING PROCEDURE

## Synopsis of Video

### Objective

The objective of this presentation is to demonstrate the technical aspects of local anesthesia administration and IV sedation in the performance of the TVT-O procedure.

### Methods

In the preoperative holding area 2mg of Midazolam is given IV for anxiety relief. Once the patient is transferred to the OR table standard monitoring is begun. Positioning of the lower extremities is assessed to ensure patient tolerance and comfort. Fentanyl 50-100mg is given IV prior to the start of the procedure. A bolus of Propofol 40-50mg is given immediately prior to local anesthesia, and a constant infusion is maintained with a pump at 55mcg/kg/min. The local anesthetic solution consists of 0.25% bupivicaine(Marcaine) with 1:200,000 epinephrine diluted 1:1 with injectable saline resulting in a concentration of 0.125% with 1:400,000. A subcuticular wheel using 5cc is created at the anticipated exit site of the helical passer bilaterally. The external obturator space is then infiltrated with 20cc using a finger in the vagina paced at the superior medial notch of the ischiopubic ramus and pubic symphysis for directional guidance. An infiltrate of 10cc is placed at the midurethra between the vaginal wall and the urethra. After a midline incision is made, 20cc is placed along the intended path of dissection directed laterally toward the cephalad margin of the inferior pubic ramus and extending to the obturator membrane. The TVT-O procedure is then carried out with the Propofol infusion being suspended approximately 3 minutes before the patient is expected to cough for the setting of the tape tension.

### Results

From 12/29/03 to 3/30/04, 35 pts. underwent the procedure, 25 using only local with sedation. All others were done under epidural as concomitant reconstructive procedures were performed. Of the 25 done under local with sedation, all tapes were adjusted using the cough test demonstrating urine loss before tensioning and attenuation or disappearance of loss after the appropriate tape positioning. Average time to discharge was 3 hours and 15 minutes. All patients were asked to rate postoperative pain based on a 10 point scale and all reported a score of $\leq$ 3. No patients done under local required admission.

### Conclusions

The TVT-O procedure can easily be performed under local anesthesia and IV sedation. This approach allows for performance of the cough test to individualize tape tensioning, alleviates patient anxiety related to general or regional anesthesia, and facilitates early discharge further enhancing cost effectiveness of this growing and commonly performed procedure.