

References

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Obstetrics

PRILOCAINE AND PARACERVICAL BLOCK A paracervical block utilizing 16 ml prilocaine was performed in 51 patients in labor. The fetal ECG was monitored. The drug was administered submucosally, rather than deep into the parametria, and no needle guide was used. Eighty-seven blocks were administered to the 51 patients; 92 per cent were considered effective, and the average duration of effectiveness was 55 minutes. Fetal bradycardia, commonly reported to follow paracervical block, was not seen, but early deceleration was noted in one fetus, variable deceleration in 16, and loss of ripple pattern in nine. Five of the fetuses with variable deceleration showed the pattern before the block was given. Six of 51 infants had one-minute Apgar scores below 7. (Bloom, S. L., Horswill, C. W., and Curet, L. B.: *Effects of Paracervical Blocks on the Fetus during Labor: A Prospective Study with the Use of Direct Fetal Monitoring*. *Am. J. Obstet. Gynecol.* 114:218, 1972.) **ABSTRACTER'S COMMENT:** It would appear that fetal bradycardia can be avoided if the technique of paracervical block is modified. Although abnormalities in the heart rate appeared, they were probably not of anesthetic origin. Two modifications of the usual paracervical block were introduced (the use of prilocaine rather than mepivacaine or lidocaine and the shallow injection) so that the source of the improved results is not immediately clear. Probably prilocaine is safer than mepivacaine or lidocaine, as it is detoxified more rapidly.