

# Surgeon-administered ilioinguinal and pudendal nerve blocks for vulval oncology surgery: An observational evaluation study with Visual Analogue Pain Scoring Shahabuddin Y., Gleeson N., Maguire PJ. Department of Gynaecological Oncology, St James's Hospital, Dublin 8, Ireland.

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## Abstract

**Objective** To assess pain scores and requirement for parenteral and oral analgesia in the postoperative period following vulval surgery with blockade of the ilioinguinal nerve (IIN) and pudendal nerve (PN). **Design** An observational study of consecutive patients undergoing major vulval and/or related groin surgery. Sampling biopsies were excluded. **Setting** Women undergoing vulval surgery in a tertiary cancer centre. **Population or Sample** Eighteen women were included in the analysis. Median age 67 (range 34-81) years and thirteen (72%) were >60 years. **Methods** Levobupivacaine 0.25% (2.5mg/ml) or 0.5% (5mg/ml) was administered at four sites (2 sites abdominally for IIN block and 2 sites for PN block) with dosage calculated based on the patient's weight. Patients were invited to record visual analogue pain scores (VAS) days 1-5 postoperatively. Use of postoperative analgesia was recorded. **Main Outcome Measures** VAS and use of postoperative analgesia. **Results** VAS ranged from 0 to 3 for seventeen patients from day 0 to day 1 and fifteen patients from day 2 to day 5. Two patients had pain scores >4 on one or more postoperative days: one had chronic arthralgia and one had received a lower volume of bupivacaine. **Conclusions** Ilio-inguinal and pudendal nerve block is a feasible and effective strategy for postoperative pain management in women undergoing vulval surgery.

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