Local anaesthetic administration for IUD/IUS insertions

I refer to the recent correspondence in this Journal regarding the administration of local anaesthetic (LA) prior to intrauterine device (IUD) and intrauterine system (IUS) insertions.¹⁻⁵

I am a clinical nurse specialist who has been fitting intrauterine contraceptives since the early 1990s and learnt to give LA initially with Luer syringes before we changed to dental syringes. I endorse the sentiments of Drs Hutt and Gray regarding LA and IUD fitting.

My colleague Maggie Gormley and I have been involved with nurses' IUD theory training days since 2004, which we give twice a year in London and when required in other centres in England. These days cover all aspects of intrauterine contraception, a lecture on bimanual examination, and hands-on sessions to familiarise the nurses with all the devices and instruments they will come across in the course of their practical training. This includes the use of dental syringes and LA.

We are primary trainers for the practical intrauterine techniques teaching, mainly for nurses at The Margaret Pyke Centre, and have taught all to use LA with no problem at all. Their main anxiety

about the whole procedure is much more the fear of perforation, fitting a device correctly and not causing any pain.

I am also involved with a training programme in the community to train nurses to fit devices within their own surgery. This is in the London area and I find that nurses and patients alike, from Hackney to Hampstead, are pleased and relieved that LA can be offered and given.

We offer LA to all the women we counsel. It takes half a minute to give and works immediately. This is particularly valuable if the cervix has to be dilated as many of the women attending our clinic are nulliparous or have had a Caesarean section.

This is simple to give and teach as part of the whole procedure and I would urge all nurses to encourage their instructors, be they doctors or nurses, to complete their training with this knowledge.

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Competing interests None.

J Fam Plann Reprod Health Care 2011;**37**:254.
doi:10.1136/jfprhc-2011-100183

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