

An Examination of the Analgesic Effect, Physical Response, and Side Effects to Local Vaginal Anesthesia in Iraqi Women

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Abstract: Background: The most prevalent gynecological cancer in Western nations is endometrial carcinoma, having a prevalence of 15-20 in every 100.000 women annually. A worse prognosis is reportedly related to older age around the time of the operation. **Objective:** This paper aims to examine of the analgesic effect, physical response, and side effects to local vaginal anesthesia in Iraqi women. **Patients and methods:** This paper showed a cross-sectional study of vaginal cancer patients who underwent local anesthesia, as it included 60 patients and was conducted in different hospitals in Iraq between 18th April 2021 to 24 July 2022. This paper is interested in Iraqi women above 30, even 60 years, as can be seen in Table 1. This paper was using the SPSS program to examine the statistical data of vaginal cancer patients for 60 cases. **Results and Discussion:** In the Assessment of quality of life and knowledge of the effect of anesthesia on women, which build on Five parameters basics that show Physical response, psychological factor, Physical symptoms, Daily activity level, and social function but in the contract, this paper appeared that Physical response and social function were high successful while other don't found that. According to English research, spraying lidocaine on a painful area can provide quick pain relief without the unpleasantness associated with local anesthetic injections. Additionally, our study showed that topical anesthetic had no discernible effects on systolic blood pressure or heart rate during HDR. Although 48.3% of patients with Ia-Ib had moderate side effects throughout the treatment session, including hypotension and cardiac arrhythmia. **Conclusion:** In conclusion, this study shows conducting safe to cancer vaginal patients, which it appears local vaginal anesthesia decrease of pain degree relatively after operative. The results of quality-life in local vaginal anesthesia show that Physical response and social function show the high performance of patients' activity after the operative.

Keywords: Cancer vaginal; treatment session; Cardiac arrhythmia; Dizziness; Hypotension.

INTRODUCTION

The most prevalent gynecological cancer in Western nations is endometrial carcinoma, having a prevalence of 15-20 in every 100.000 women annually [Chen, R.J. *et al.*, 1994]. Only in the USA were 41200 new cases reported in 2006, with women over 65 accounting for half of the cases. [Prefontaine, M. *et al.*, 1991; Schoen, E.J. *et al.*, 1991]

This malignancy raises serious concerns about population aging. 20% of Americans will be above the age of 65 by 2030. Endometrial cancer will afflict more women as a result, and the number of new cases will rise steadily each year. Elderly patients will make up a large portion of these new instances' data. [Thrasher, J.B. *et al.*, 1993]

Hysterectomy with BSO, peritoneal washing, pelvic or para-aortic lymphadenectomy, carried out either by a procedure called laparotomy (in the vast majority of patients) or a laparoscopy, are now the gold standard treatments for endometrial cancer. This was done in accordance with the updated surgical and pathologic staging recommended by FIGO. [Wagner Jr, R.F. *et al.*, 1994]

A worse prognosis is reportedly related to older age around the time of the operation. This finding undoubtedly connects to the fact because elderly individuals have a higher likelihood of being under-treated because of their medical issues, which prevent them from undergoing the big operation needed to remove the tumor. The best option for this particular patient population seems to be a less intrusive surgical procedure. However, it is necessary to carry out a process that guarantees comparable cure rates. [Foldes, F.F. *et al.*, 1960; Huskisson, E.C, 1983]

The incision of tandem intrauterine and vaginal colpostats is a standard procedure for these patients undergoing high-dose-rate (HDR) intracavitary brachytherapy; however, it is significant to note that the majority of patients endure severe vaginal discomfort when undergoing intracavitary brachytherapy without receiving general anesthesia, irrespective of whether intramuscular meperidine (Demerol™) injections were administered beforehand. [Wayne, W.D, 1995]

It is an ongoing search for methods of offering less painful treatment, which is accomplished by administering rapid, adequate, and safe anesthetic agents in routine practice. Pain is severe related to implementation. May impair adherence among individuals obtaining brachytherapy and could cause problems with following treatment protocol [Mikhail, M.G.S. *et al.*, 1988]. Lidocaine (Xylocainet) is an effective local anesthetic with a wide range of clinical applications in the treatment of pain associated with a variety of minor urological, gynecological, as well as dermatological procedures [Johanson, N. *et al.*, 1989; Goodlin, R.C. *et al.*, 1976]. However, there is no information available on the effectiveness of this medication in patients receiving HDR intracavity brachytherapy treatment for cervical cancer [Nvdahl, P.A. *et al.*, 1988]. This paper aims to examine of the analgesic effect, physical response, and side effects to local vaginal anesthesia in Iraqi women.

PATIENTS AND METHODS

This paper showed a cross-sectional study of vaginal cancer patients who underwent local anesthesia, as it included 60 patients and was conducted in different hospitals in Iraq between 18th April 2021 to 24 July 2022. This paper is interested in Iraqi women above 30, even 60 years, as can be seen in Table 1. This paper was using the SPSS program to examine the statistical data of

vaginal cancer patients for 60 cases. This data was symptoms of cancer vaginal during treatment sessions which include Cardiac arrhythmia, Dizziness, Hypotension, Lump or mass in the vagina, Nausea, painful urination, pelvic pain, Unusual vaginal bleeding, and vomiting, which all information was defined in Table 2. Also, this study was Examined of cancer vaginal patients by FIGO stages found in three stages which are Ia–Ib, IIa–IIb, and IIIa–III that these details have be seen in Table 3. This paper was applied Evaluations of systolic blood pressure and heart rate during and after using local vaginal anesthesia, which it can be clarified in Figure 1 and Figure 2. This paper was extended into the study of Complications of cancer vaginal patients before and after local vaginal anesthesia that included blurred vision, continuing numbness, dizziness, finding it hard to pee, and headaches which be seen in Table 4 and Table 5. Furthermore, this paper was assessed the quality of life of quality of life and knowledge of the effect of anesthesia on women that built on five basics parameters which are Physical response, psychological factor, Physical symptoms, Daily activity level, and social function, where these outcomes can be shown in Table 6. Finally, the methodologies were built on R-correlation and Sig for positive outcomes of cancer vaginal patients, which can be sown in Table 7.

RESULTS

Table 1: Distributions of cancer vaginal patients during an age in between 30-60 years

Statistics		
Age-patients		
N	Valid	60
	Missing	0
Mean		49.2667
Std. Error of Mean		1.28416
Median		51.0000
Mode		38.00 ^a
Std. Deviation		9.94709
Variance		98.945
Skewness		-.237
Std. Error of Skewness		.309
Minimum		30.00
Maximum		64.00
Sum		2956.00

Table 2: Symptoms of cancer vaginal during a treatment session

SYMPTOMS					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Cardiac arrhythmia	10	16.7	16.7	16.7
	Dizziness	4	6.7	6.7	23.3
	Hypotension	15	25.0	25.0	48.3
	Lump or mass in the vagina	6	10.0	10.0	58.3
	Nausea	4	6.7	6.7	65.0
	painful urination	1	1.7	1.7	66.7
	pelvic pain	9	15.0	15.0	81.7
	Unusual vaginal bleeding	5	8.3	8.3	90.0
	Vomiting	6	10.0	10.0	100.0
	Total	60	100.0	100.0	

Table 3: Examination of cancer vaginal patients by FIGO stages

FIGO stages					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Ia–Ib	29	48.3	48.3	48.3
	IIa–IIb	21	35.0	35.0	83.3
	IIIa–III	10	16.7	16.7	100.0
	Total	60	100.0	100.0	

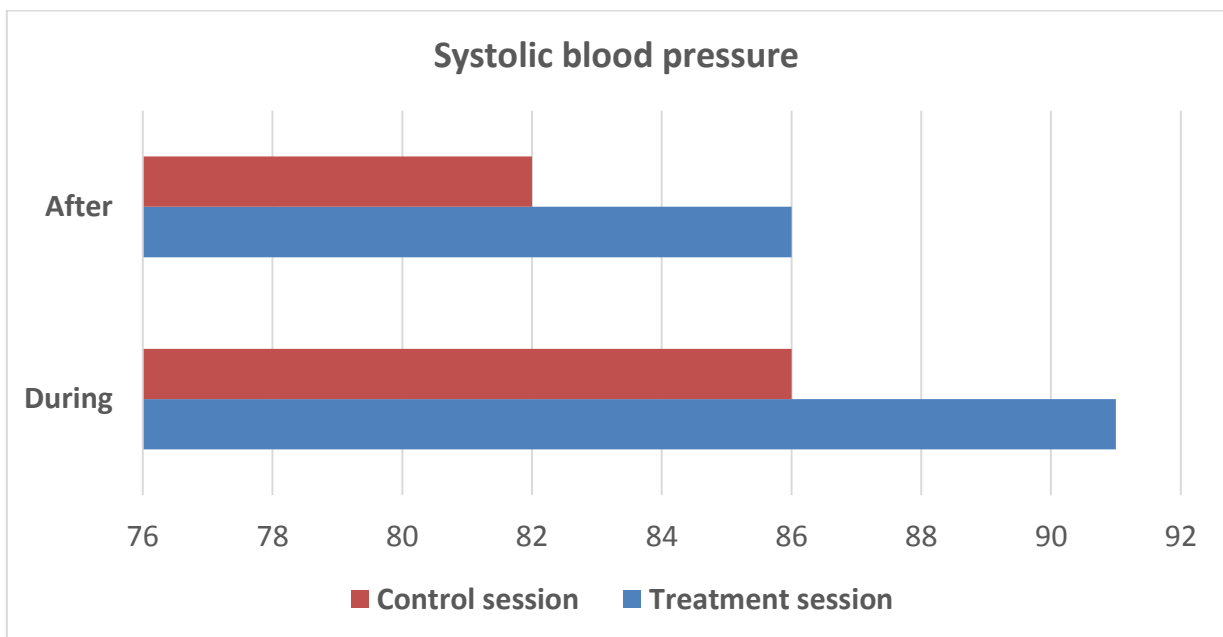


Figure 1: Evaluations of systolic blood pressure during and after using local vaginal anaesthesia

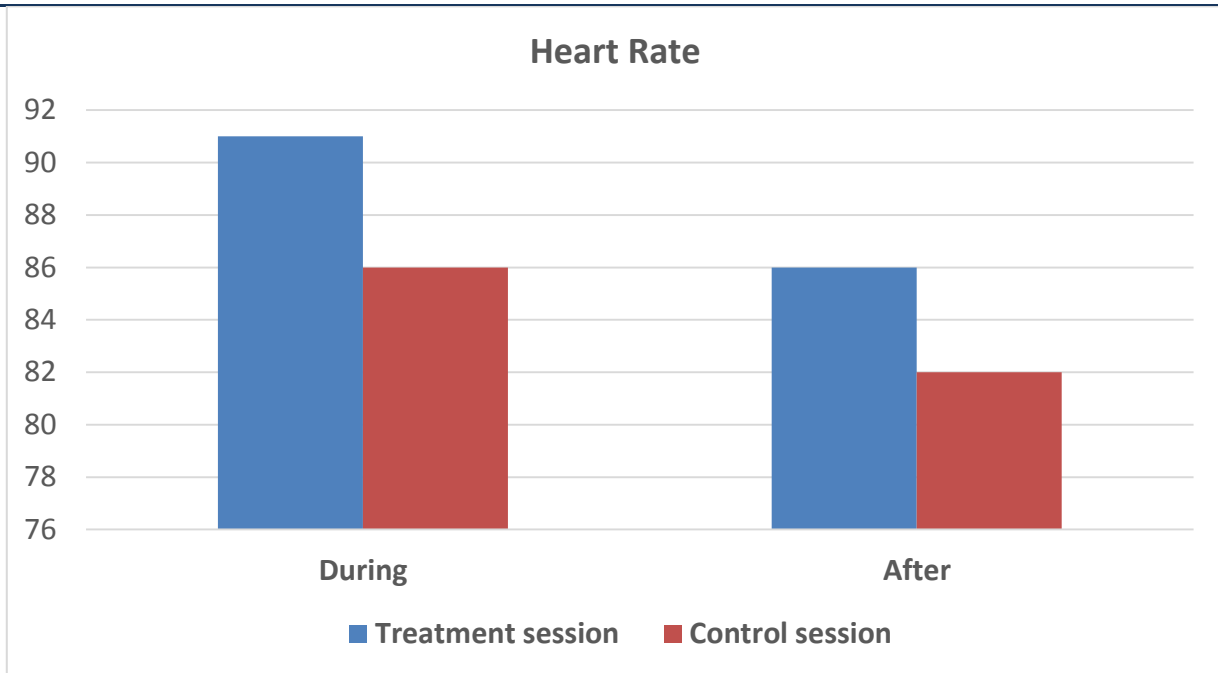


Figure 2: Evaluations of heart rate during and after using local vaginal anaesthesia

Table 4: Complications of cancer vaginal patients before local vaginal anaesthesia

Complications of cancer vaginal					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	blurred vision	4	6.7	6.7	6.7
	continuing numbness	9	15.0	15.0	21.7
	dizziness	4	6.7	6.7	28.3
	finding it hard to pee	2	3.3	3.3	31.7
	headaches	4	6.7	6.7	38.3
	not existence	37	61.7	61.7	100.0
	Total	60	100.0	100.0	

Table 5: Complications of cancer vaginal patients after local vaginal anaesthesia

Complications of cancer vaginal					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	blurred vision	2	3.3	3.3	3.3
	continuing numbness	4	6.7	6.7	10.0
	dizziness	4	6.7	6.7	16.7
	finding it hard to pee	1	1.7	1.7	18.3
	headaches	4	6.7	6.7	25.0
	not existence	45	75.0	75.0	100.0
	Total	60	100.0	100.0	

Table 6: Assessment of quality of life and knowledge of the effect of anesthesia on women

Variables	Quality of life
Physical response	7.3±1.2
Psychological factor	5.4±1.6
Physical symptoms	3.8±2.5
Daily activity level	6.5±2.7
Social function	5.7±3.33

Table 7: Correlation of positive results with local anesthesia in this study

Categories	Positive results	Local anesthesia
R-correlation	1	+ 0.06
Sig		0.03

DISCUSSION

Our results found the cancer vaginal patients that almost all of the patients got pain with ages 40 to 60 years. Although French studies show that Brachytherapy, which is for the medical management of cervical cancer, the incision of an intrauterine tandem without sufficient topical anesthetic and vaginal composed can all result in excruciating agony. This might result in subpar complilidocaine showing no appreciable, quantifiable impact on lowering the pain felt during laser operations. [Soda, K. et al., 1994; FIGO, 1989]

Additionally, it's vital to note that paracervical block might result in certain patient morbidity, such as unpleasant feelings, hemorrhage, and bradycardia after anesthetic drug administration. [Pecorelli, S, 2009]

According to English research, spraying lidocaine on a painful area can provide quick pain relief without the unpleasantness associated with local anesthetic injections. [Jolly, S. et al., 2006]

Additionally, our study showed that topical anesthetic had no discernible effects on systolic blood pressure or heart rate during HDR. Although 48.3% of patients with Ia-Ib had moderate side effects throughout the treatment session, including hypotension and cardiac arrhythmia. [Chan, J.K. et al., 2001]

Moreover, in evaluations of systolic blood pressure during and after using local vaginal anesthesia, these results showed the outcomes of systolic blood pressure during local anesthesia higher than after local anesthesia as well as heart rate in treatment sessions higher control session during and after operative. [Susini, T. et al., 2005; Vergote, I. et al., 2010]

In the Assessment of quality of life and knowledge of the effect of anesthesia on women, which build on Five parameters basics that show Physical response, psychological factor, Physical symptoms, Daily activity level, and social function but in the contract, this paper appeared that Physical response and social function were high successful while other don't found that. [Kew, F.M. et al., 2006]

CONCLUSION

In conclusion, this study shows conducting safe to cancer vaginal patients, which it appears local vaginal anesthesia decrease of pain degree relatively after operative. The results of quality-life

in local vaginal anesthesia show that Physical response and social function show the high performance of patients' activity after the operative.

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Source of support: Nil; **Conflict of interest:** Nil.

Cite this article as:

Al-Ali, A.L.C., Al-Ameri, B.M.O. and Mzaiel, N.J. "An Examination of the Analgesic Effect, Physical Response, and Side Effects to Local Vaginal Anesthesia in Iraqi Women." *Sarcouncil Journal of Multidisciplinary* 3.5 (2022): pp 7-12.