

A-Z WOMEN'S CENTER

YOUR PAIN RELIEF (ANESTHESIA) OPTIONS

We desire to make your abortion surgery as comfortable as possible. We understand that any surgery can be frightening, but we have done tens of thousands of procedures using these anesthesia types.

Option #1: Local Anesthetic -

All of our patients will receive a local anesthetic. This consists of a paracervical block (numbing around the cervix). The local anesthetic takes away most of the pain and the discomfort of the procedure. With this medication you will be awake and aware of what is happening, and may feel some cramping, but up to 95% of our patients say they are “comfortable”. You will be able to drive yourself home.

Option #2: Local Anesthetic and Nitrous Oxide Gas-

This consists of a paracervical block anesthetic (See option # 1 above), and Nitrous Oxide Gas (laughing gas) to breathe during the procedure. This option provides you with a little more pain relief and anxiety reduction. Again, you will be awake and aware of what is happening, and may feel some cramping. The gas wears off about 3-5 minutes after the procedure. You may drive yourself home. We usually can make up to 98% of our patients “comfortable” with this option.

Option #3: Intravenous Anxiety and Pain Relief-

This consists of a paracervical block anesthetic (See option # 1 above). In addition, you will get intravenous medication (Versed and Nubain) to relieve anxiety and pain. This is NOT **General Anesthesia** or **Deep Sedation**. This medication affects everyone differently; however, you will feel much less and may have **little or no memory of the procedure**. You may feel **sleepy for about 4-5 hours** after you leave our office. The medication can rarely make some people sick and possibly throw up. With this anesthetic option you **WILL NOT** be able to drive, work, or go to school today. You will need someone to take care of you and your small children for the remainder of the day. You should NOT make any important decisions after receiving this medication today.

- I request a local anesthetic only.**
- I request Nitrous Oxide gas for pain relief.**
- I am very nervous and afraid of pain and I request the intravenous medication. I have a responsible person to drive and care for me.**

Patient's Signature