

Extended Abstract

Fast versus slow tenaculum placement during office transcervical procedures

Ashley Kaiser, MD,¹ Deepti Sharma, MD,² Kristin Bremer, BS,³ M. Bridget Zimmerman, PhD,⁴ Colleen K. Stockdale, MD, MS,¹ Abbey J. Hardy-Fairbank, MD¹

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Objective

To evaluate if slow tenaculum placement at the time of office transcervical procedures was less painful for patients than fast tenaculum placement.

Methods

We conducted a randomized, single-blind, trial between April 2016 and March 2017. Patients undergoing intrauterine device placement or endometrial biopsy were randomized to fast or slow tenaculum placement. The primary outcome was pain with tenaculum placement on a 100 mm visual analog scale. Sample size was calculated to provide 80% power to

show a 15 mm difference ($\alpha = 0.05$) in the primary outcome. Secondary outcomes included pain with speculum insertion, pain with transcervical procedure, pain with speculum removal, and provider perceived pain of the patient at time of tenaculum placement.

Results

A total of 131 subjects were enrolled in the study. A total of 116 subjects were randomized with 64 in the slow arm and 52 in the fast arm. There were no differences in baseline age, race, BMI, parity, or prior vaginal deliveries. There were no differences in median pain scores between the two groups during tenaculum placement (40 vs 40, $p = 0.205$). There was also no difference in

¹Department of Obstetrics and Gynecology, Carver College of Medicine, University of Iowa Hospitals and Clinics, Iowa City, IA, 52242

²Department of Obstetrics and Gynecology, University of Kentucky Hospital, Lexington, KY

³University of Iowa, Roy J. and Lucille A. Carver College of Medicine, Iowa City, Iowa 52242

⁴Biostatistics Counseling Center, University of Iowa College of Public Health, Iowa City, IA, 52242

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Corresponding author: Ashley Kaiser, Department of Obstetrics and Gynecology, University of Iowa, 200 Hawkins Drive, Iowa City, IA 42242, ashley-kaiser@uiowa.edu

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pain scores during any portion of the procedure. Provider perception of pain was statistically significant with providers perceiving fast tenaculum placement as being more painful than slow placement (40 vs 30, $p = 0.009$). Regarding pain by procedure performed, there was no difference in pain perceived by patients when comparing fast versus slow tenaculum placement for endometrial biopsy. However, among patients who underwent intrauterine device insertion mean pain scores were less with slow tenaculum placement (40 vs 40, $p = 0.048$).

Conclusion

Slow tenaculum placement reduced pain during intrauterine device placement when compared to fast tenaculum placement. Slow tenaculum placement was not shown to reduce pain at the time of endometrial biopsy.

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