

Better analgesia from pelvic plexus block in prostate biopsy

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Compared with periprostatic nerve block, pelvic plexus block, performed under Doppler ultrasound guidance, provides better pain relief for men during office-based transrectal ultrasound-guided prostate biopsy, according to research published in the August issue of *The Journal of Urology*.

(HealthDay) -- Compared with periprostatic nerve block (PNB), pelvic plexus block (PPB), performed under Doppler ultrasound guidance, provides better pain relief for men during office-based transrectal ultrasound-guided prostate biopsy, according to research published in the August issue of *The Journal of Urology*.

Francesco Cantiello, M.D., of Magna Graecia University of Catanzaro in Italy, and colleagues conducted a single-center, prospective study involving 180 patients who were randomized to receive intrarectal local anesthesia plus either PPB or PNB prior to undergoing office-based transrectal ultrasound-guided <u>prostate biopsy</u>. Local anesthesia consisted of lidocaine 1.5 percent plus nifedipine 0.3 percent cream. PPB



consisted of 2.5 mL lidocaine 1 percent plus naropine 0.75 percent injected on each side of the pelvic neurovascular plexus lateral to the seminal vesicle tip. Periprostatic nerve block consisted of the same mixture but was injected on each side of the neurovascular bundles at the prostate-bladder-seminal vesicle. Patients rated the level of pain/discomfort after the procedure.

The researchers found that there was no difference in <u>pain perception</u> noted by patients during probe introduction or administration of either the PPB or PNB. However, during the biopsy, pain was statistically significantly lower for patients who received the PPB, and this trend continued until 30 minutes following biopsy completion. No major complications were experienced.

"In conclusion, PPB under <u>Doppler ultrasound</u> guidance provides better analgesia than PNB during office-based transrectal ultrasound-guided prostate biopsy," the authors write.

More information: Abstract

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