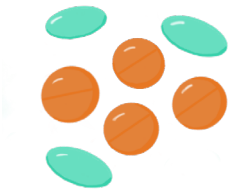
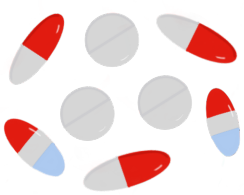
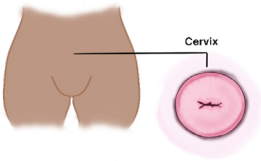
Options to Manage Pain for Gynecologic Procedures

This guide provides a menu of options to manage pain during gynecologic procedures in an office setting, like IUD placement and removal, cervical or endometrial biopsies, colposcopy, uterine suction (to remove what's inside the uterus, e.g. abortion, miscarriage management), pap smears, and other common gynecological care. Pain levels with these procedures vary a lot. During your procedure, you may or may not experience anxiety and/or pain - it's hard to predict. Below are options that could help you manage pain and/or anxiety, which you can then ask your clinician about. You may be able to combine some options. **But, not all of these options may be available or appropriate for you. Talk to your clinician to develop a plan that works best for you.** For example, you can ask: *"I heard there are different options to manage pain for procedures like this. Can we talk about what might be a good option for me?"*

Method	Timing	How to Use It	Things to Know
Comfort Options (or Non-Drug Treatments) 	Before, during, and after the procedure.	These options can help distract you to lower pain and anxiety.	There are a lot of non-medical options that might lower pain and anxiety before, during, and after the procedure: • Have a support person present • Listen to music • Watch a video • Wear warm socks • Bring a fuzzy blanket • Use a heating pack • Use a TENS Unit • Practice emotional freedom tapping techniques • Stay well-fed and hydrated before the procedure • Make (or ask for) small talk • Ask about aromatherapy, acupuncture, or acupressure • Practice deep breathing • Listen to a meditation app (free apps like Insight Timer, Plum Village) • Practice self-hypnosis
NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) **like ibuprofen** (Motrin, Advil, etc.) **and naproxen** (Aleve, Naprosyn, etc.) 	Before and after the procedure. Some options may be available during the procedure.	Take 30-60 mins before the procedure. Ask your clinician what dose you should take. If you decide to take NSAIDs before your procedure, let your clinician know.	NSAIDs after the procedure can help with pain and bleeding. They are widely used, over-the-counter, and do not cost much. They can upset the stomach, so you should take the pills with food and water. Some clinics may be able to give an injection of NSAIDs called Toradol/ Ketorolac. NSAIDs may not be an option for everybody. Read the package insert and talk to your clinician.
Acetaminophen (Tylenol) 	Before the procedure.	Take 30-60 mins before the procedure according to the instructions on the package.	This is widely used, over-the-counter, and does not cost much. Acetaminophen may not be as effective as NSAIDs in treating pain related to gynecological procedures. It may not be an option if you have liver problems. You can also use this after the procedure to help with pain. Acetaminophen works better with other pain management options.

Method	Timing	How to Use It	Things to Know
Anti-Anxiety Medications (hydroxyzine, buspirone, midazolam, lorazepam, and diazepam) 	Before the procedure.	Take as directed by your clinician. Prescription only.	There are many medications that can help lower anxiety around the procedure. Ask about what is available and appropriate. Some anti-anxiety medications can cause side effects like muscle weakness, dizziness, and impaired judgment. These may last up to a few hours. It may not be safe to drive after taking anti-anxiety medications. You will need help getting home.
Vaginal Estrogen Cream 	Before the procedure.	Apply the cream to the vaginal canal nightly for 1-2 weeks prior to the procedure. Prescription only.	This can help people who have vaginal dryness, like if you take testosterone, are perimenopausal, breast/chestfeeding. It is only available with a prescription from your clinician. You will likely see an increase in vaginal discharge. This is normal. This option will only ease the discomfort from inserting the speculum. It will not impact the pain of procedures.
Pain-Lowering Gel or Spray (Lidocaine) 	During the procedure.	The clinician applies gel or spray to the cervix. It starts to work in a few minutes. Given in-clinic only.	This may slightly reduce pain and discomfort. This may increase the time of the procedure. You can apply some types of gel yourself.
Cervical Block (Lidocaine) 	The clinician injects numbing medicine near the cervix. It starts to work right away.	The clinician injects numbing medicine near the cervix to numb the cervical nerves. Given in-clinic only	This will reduce intense cramping and pain. You may not be fully numb. This may increase the time of the procedure. During the injection, some people may have: • Pain • Cramping • A light-heading feeling • A flush of warmth
Nitrous Oxide (also known as laughing gas) 	During the procedure.	You breathe the medication through a mask to make you more relaxed. Given in-clinic only.	The effects wear off within a few minutes after the procedure is over. It can have side effects like dizziness, nausea, and headache. It's typically okay to drive home after nitrous oxide. This option may be not be as commonly available.
Sedation 	During the procedure.	Medication is given through an IV in the arm to make you more relaxed, a little sleepy, and decrease pain. Given in-clinic only.	Talk to your clinician about if you can eat or drink before the procedure. This will increase the time of the procedure. It is not safe to drive after receiving sedation. You will need help getting home. This option may be not be as commonly available.

Author credit: Miriam Rienstra-Bareman, MPH, MD, with the help of an extensive team.