

Which is Less Painful? Intradermal vs. Subcutaneous Lidocaine Injections for Tuohy

Needle Insertion: A Pilot Double-Blind Randomized Trial

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Background and Hypothesis

- Lidocaine injection before Tuohy needle placement for epidurals is a critical component of analgesia care
- Lidocaine can be injected a number of ways:
 - Intradermally
 - Subcutaneously
 - It is unclear which route causes less pain ¹
- Pain can be measured in different ways:
 - Patient-reported numeric rating scale (NRS) scores ²
 - Critical-Care Pain Observation Tool (CPOT)
 - Four components (facial expression, body movements, muscle tension, and vocalizations)
 - Body movements and vocalizations may have a greater impact on provider performance
- Null hypothesis: There is no difference in pain scores (NRS or CPOT) between intradermal and subcutaneous lidocaine administration

Sub-scale	Description	Score
Facial expression	Relaxed, neutral	0
	Tense	1
	Grimacing	2
Body movements	Absence of movements	0
	Protection	1
	Restlessness	2
Muscle tension	Relaxed	0
	Tense, rigid	1
	Very tense or rigid	2
Compliance with ventilation	Tolerating ventilator or movement	0
	Coughing but tolerating	1
	Fighting ventilator	2
Vocalisation (extubated patients)	Talking in normal tone or no sound	0
	Sighing, moaning	1
	Crying out, sobbing	2



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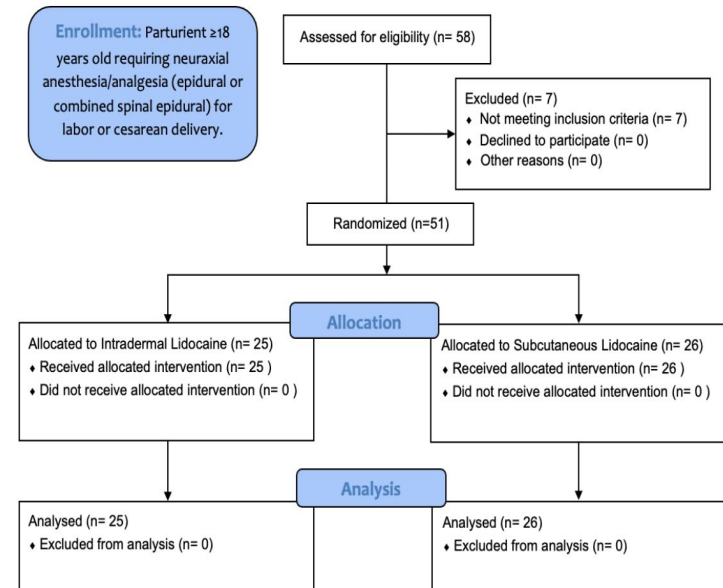
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Methods

- 51 patients randomized into two groups :
 - Subcutaneous, SC Group (n=26):
 - Needle 90-degree angle to the skin
 - Intradermal, ID Group (n=25):
 - Needle 60-degree angle to the skin
- Administration of 3 mL 1% lidocaine using a 25G with randomized technique
- Primary outcome:
 - Pain during lidocaine injection, assessed using CPOT and NRS scores
- Secondary outcomes:
 - The analgesic effect for Tuohy needle insertions, hemodynamic stability, and overall patient satisfaction.
- Statistical significance was defined as a P-value ≤ 0.05 .
- Pilot study - main goal to power a larger trial for procedural pain for epidurals

Figure 1. CONSORT Flow Diagram of Patient Enrollment, Allocation, and Analysis



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Results

- CPOT total scores and NRS scores did not show significant differences between the two techniques of lidocaine injection
 - Statistically significant difference for muscle tension scores of CPOT ($p = 0.018$)
- Secondary outcomes, including analgesia effect for Tuohy needle insertions, hemodynamic data, and patient satisfaction were similar between the groups
- The Spearman correlation coefficient showed a weak correlation between CPOT and NRS scores during lidocaine injection (Correlation = 0.32, $p = 0.024$)

Table 1. Primary Outcome: Pain Evaluation of Lidocaine Injection

	Intradermal (N=25)	Subcutaneous (N=26)	P-Values
The Critical-Care Pain Observation Tool (CPOT) Scores (Median (IQR))			
Total Scores	3 (2, 4)	2 (1, 4)	0.1820*
Vocalization & Body Movement	1 (0, 1)	1 (0, 1)	0.6823*
Numeric Pain Rating Scale (NRS) (Median (IQR))			
Total Scores	3 (2, 4)	3 (1, 5.5)	0.9848*
Painful Injection (n, %)			
Total CPOT (cutoff at $\geq 2/8$)	21 (84.0)	18 (69.2)	0.2139^
NRS (cutoff at $\geq 4/10$)	10 (40.0)	11 (42.3)	0.8671^

*. Kruskal-Wallis p-value, ^. Chi-Square p-value



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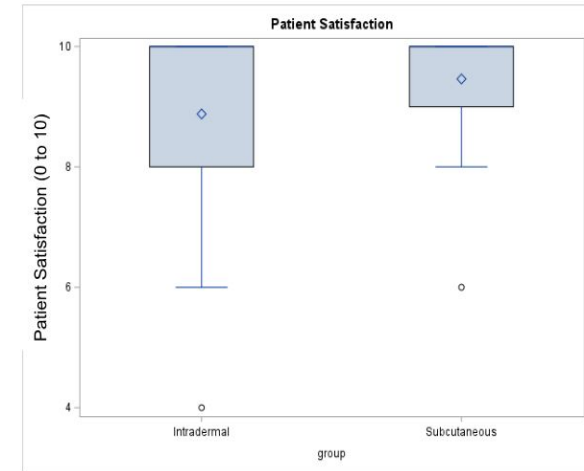
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Discussion and Conclusion

- Results are inconclusive regarding differences between the subcutaneous and intradermal lidocaine administration, likely due to the limited sample size
- Notably, subcutaneous lidocaine injections demonstrated comparable analgesic efficacy to the most commonly used intradermal lidocaine injections
- Further standardization of CPOT in diverse populations is needed
- Results warrants further investigation in a larger, more diverse population
- Goal: make epidural procedure more comfortable for the Pt
 - Some Pts say lidocaine injection worst part
 - Reducing needle pain could increase parturients seeking labor analgesia

Fig 2. Secondary Outcome: Assessment of Overall Patient Satisfaction of Epidural Procedure After Intradermal or Subcutaneous Lidocaine



References

1. Arndt, K.A. et al. Plastic and Reconstructive Surgery, 1983.
2. Hjermstad, MJ, et al.. Journal of pain and symptom management, 2011.