



Innovations

Single-prick local anesthesia for sebaceous cyst excision

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ABSTRACT

Sebaceous cyst excision is a commonly performed outpatient surgery. Patients are often concerned about intraoperative pain associated with multiple pricks while injecting local anesthesia. Injection of an anesthetic agent with a single prick is reassuring to the patient and encourages the patient to cooperate with the surgeon during the rest of the procedure.

Keywords: Local anesthesia, sebaceous cyst excision, single prick

PROBLEM STATEMENT

Sebaceous cyst excision is a commonly performed outpatient surgery. Patients are often concerned about intraoperative pain associated with multiple pricks while injecting local anesthesia. Injection of an anesthetic agent with a single prick is reassuring to the patient and encourages the patient to cooperate with the surgeon during the rest of the procedure.

RECOMMENDED SOLUTION

The operative site is prepared with antiseptic solution and draped well to expose the operative site. The usual method of injecting local anesthesia includes injecting in a diamond-shaped field block (two pricks or multiple picks technique).¹

In the operating room, a sterile tray containing a Bard Parker handle, 15 no. Blade, Adson's serrated forceps, two skin hooks, dissecting scissors, needle holder, appropriate suture material, and sterile gauze should be made available. For local anesthesia, a local anesthetic solution containing 2% xylocaine with or without epinephrine, a syringe, and a 26 gauge needle are required.

In our technique, we use a 26 gauge needle to first aspirate and check that the needle does not prick the feeding vessel. Local anesthetic solution is infiltrated just outside the incision line using a single prick. It is ensured that the solution is not injected into the cyst.

Because the sebaceous cyst wall is closely adherent to the skin, we found that a single prick is enough to give local anesthesia, as the solution spreads evenly along the cyst, as evident in the photograph.

In the last 2 months, we performed the excision of sebaceous cyst using this technique in 10 patients, which has led to better patient satisfaction.

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Authors' contributions

All the authors contributed to the research study. Tabassum Mulla: Data acquisition, Data analysis, Statistical analysis. Tushar Jadhav: Design, Clinical Studies, Experimental studies. Nalini Thakur: Literature search, Manuscript preparation, Manuscript editing. Ananta Kulkarni: Concepts, Definition of intellectual content, Manuscript review, Guarantor.

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Conflicts of interest

There are no conflicts of interest.

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