Objectives: To determine whether the administration of local anesthetic (LA) reduces pain for the execution of colposcopic-guided biopsies (CGBs) in comparison with forced couching (FC).

Study design: Data of 100 consecutive patients undergoing CGBs with the use of LA or FC were evaluated. Procedure-related pain was assessed with the use of 100-mm visual analogue scale (VAS). Factors influencing pain were tested in order to correlate variables associated with medium/high pain levels (defined as exceeding beyond the first third of the VAS (>33 mm)).

Results: Fifty-one and 49 patients had CGBs performed with LA and FC, respectively. No between-group differences were observed in terms of pain related to speculum insertion, CGBs as well as pain recorded 5-minute after the procedures (p>0.05). However, cervical injection of LA caused pain (mean (SD) VAS score: 12.4 (1.6)), which was absent in the FC group. Operative time was longer in LA than in the FC group (p<0.001). Overall, analyzing factors associated with medium/high pain levels, we observed that, at univariate analysis, parity, number of previous vaginal delivery and pain expectancy were associated with pain perception at the time of CGBs (p<0.1). Via multivariable analysis only pain expectancy correlated with high pain levels (p<0.001).

Conclusions: FC should be preferred over LA. Although CGBs-related pain levels do not differ, the omission of intracervical injection is associated to undoubted advantages. Additionally, owing the relevance of pain expectancy, the implementation of methods to minimize anxiety would improve adherence to colposcopic examinations.