



PROVINCIAL STANDARDS & GUIDELINES

Use of Topical Anaesthetics to Ease Cannulation Pain

Updated: May 2017

Approved by the BCPRA Vascular Access Committee

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IMPORTANT INFORMATION



This BCPRA guideline/resource was developed to support equitable, best practice care for patients with chronic kidney disease living in BC. The guideline/resource promotes standardized practices and is intended to assist renal programs in providing care that is reflected in quality patient outcome measurements. Based on the best information available at the time of publication, this guideline/resource relies on evidence and avoids opinion-based statements where possible; refer to www.bcrenalagency.ca for the most recent version.

For information about the use and referencing of BCPRA provincial guidelines/resources, refer to <http://bit.ly/28SFr4n>.



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Use of Topical Anaesthetics to Ease Cannulation Pain

1.0 Scope

Pain related to cannulation is a significant concern for some patients. This guideline provides recommendations for the use of topical anaesthetics for the purposes of reducing pain associated with cannulation of fistulas and grafts.

This guideline applies to both adult and paediatric patient populations.

Related Guidelines (BC, Canada, United States and Europe):

- BC Provincial Renal Agency: Cannulation of AV Fistulas and Grafts, 2013.
- The national and international nephrology guidelines make little or no mention of the use of topical anaesthetics including those published by: Canadian Society of Nephrology, Canadian Association of Nephrology Nurses and Technologists, National (US) Kidney Foundation Kidney Disease Outcomes Quality Initiative and European Best Practice Guidelines on Vascular Access.

2.0 Recommendations & Rationale

Recommendation 1:

Consider using topical anaesthetics [lidocaine 2.5%/prilocaine 2.5% (EMLA®) or liposomal lidocaine 4% (Maxilene-4®)] in patients in which (1) cannulation has been attempted using intradermal lidocaine and the patient continues to complain of pain; or (2) cannulation has not been attempted because patient has a severe fear of needles; and in (3) children 19 and under.

Rationale for limiting the use of topical anaesthetics:

Most patients do not report experiencing discomfort with cannulation and do not require a topical anaesthetic. Topical anaesthetics are expensive and there is no published evidence to support widespread or universal use. They have, however, been shown to be effective in patients where significant pain is a concern and intradermal lidocaine has not been effective or in patients with a fear of needles.

Topical anaesthetics that have been approved for use in Canada are (1) lidocaine 2.5%/prilocaine 2.5% (EMLA®); (2) liposomal lidocaine 4% (Maxilene-4®); and (3) tetracaine (AMETOP™). The first two are funded by BCPRA for patients that meet the specified criteria in an effort to support the goal of “fistula first”. BCPRA does not fund the use of tetracaine (AMETOP™); while it is effective, it is higher cost than the other two.

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Table 1: Topical Anaesthetics and Intradermal Lidocaine 2%

Characteristics of Topical Anaesthetics & Intradermal Lidocaine 2%			
	TOPICAL ANAESTHETICS		
	Liposomal lidocaine 4% (Maxilene 4 [®])	Lidocaine 2.5% / prilocaine 2.5% (EMLA [®])	Intradermal Lidocaine 2% ampoule (Xylocaine [®])
When to apply	30+ mins prior to cannulation	60 mins prior to cannulation	~2 mins prior to cannulation
Duration of action	1-2 hrs (>30 mins after removal)	2-3 hrs (1-2 hrs after removal)	5 mins-1 hr
Pre-cannulation dose¹	0.5 in (~size of nickel) onto each needling site, with or without occlusive dressing	0.5 in (~size of nickel) onto each needling site with occlusive dressing	0.2 mL intradermal injection at each needling site
Prescription required?	No	No	No
Availability	5 g & 30 g tubes	5 g & 30 g tubes	5 mL single use ampoule
Use in children (cautions)	Children <2 yrs old: Consult a physician	<ul style="list-style-type: none"> Contraindicated in pre-term infants (gestational age < 37 weeks) Contraindicated in infants < 1 yr old if on concurrent drugs which increase risk for methemoglobinemia (e.g. sulphonamides, other drugs - see product monograph in CPS). 	Yes - approved for use in children
Base cost²/g	\$1.20/g	\$1.27/g	n/a
Base cost/ HD session	\$0.88	\$0.93	\$1.03 (0.95/5 mL amp + \$0.08 for syringe and alcohol swab)
Retail cost/ 3 mos	\$50-\$60 for 30 g tube (30 g tube lasts ~3 mos)	\$48-\$50 for 30 g tube (30g tube lasts ~3 mos)	Not applicable

¹ See CPS product monograph for dosing in children.

² Base cost = cost with no mark-up (hospital cost).

References

1. Yip A, Soin H, Taddio A. Review of a new topical anesthetic, liposomal lidocaine, for procedural pain in children. CJHP 2005;58:148-50.
2. EMLA Official FDA information, side effects and uses. www.drugs.com/pro/emla.html
3. Rx Files 8th ed. Drug Comparison Charts Pediatric Pain: Treatment Considerations. www.rxfiles.ca/rxfiles/uploads/documents/CHT-Pain-Peds.pdf
4. Ametop product monograph

3.0 Summary of the Literature

Most studies on the use of topical anaesthetics to reduce needling pain have focused on pain associated with venipuncture. Few have focussed on pain associated with cannulation of fistulas and grafts. Most studies have involved children.

Two literature reviews were conducted in BC on the use of topical anaesthetics to reduce needling pain, one in 2008 and one in 2005. A literature search conducted in April 2011 and April 2015 produced no new articles in HD patients.

Use of topical anaesthetics to reduce AV fistula / AV graft cannulation pain in HD patients (2008, St Paul's Hospital):

The literature review concluded that EMLA[®] cream is effective at reducing cannulation pain if applied 60 to 90 minutes prior to needling. No direction was provided about the use of EMLA[®] cream over other topical anaesthetics.

Specifics of the literature review included:

- 7 articles were identified; 1 was published in 2007, 2 in the 1990s and 4 in the 1980s.
- Of the 7 articles, 5 were original studies, 1 reported on 4 different “mini” studies, and 1 reviewed case reports of contact dermatitis in hemodialysis (HD) patients using EMLA[®] cream. Two of the studies were only available as abstracts. The sample sizes in all articles were small (ranged from 25 to 47 patients).
- Of the 6 articles describing studies, 4 studied the effects of EMLA[®] cream and 2 studied

the effects of lidocaine topical products (gel and patch; neither of these are available in Canada). There were no studies on the use of Maxilene cream.

- Of the studies using EMLA[®] cream, 3 out of 4 used placebos as comparators (one study used lidocaine injection as a “rescue drug”).
 - In the 3 studies using comparators, patients using EMLA[®] cream reported significantly lower amounts of pain than those using placebos.
 - In the study not using comparators, EMLA[®] cream was noted to significantly reduce cannulation pain. 87% of patients in one study and 90% in the other reported no pain when EMLA[®] cream was used.
 - The most common side effect noted in the studies was topical dermatitis (mostly minor but occasionally required discontinuance of the EMLA[®] cream), with the occasional incidence of infection.
 - All studies applied the cream 60 to 90 minutes prior to cannulation (most were closer to 90 min).

Comparison of topical anaesthetics (1) liposomal lidocaine 4% (Maxilene-4); (2) EMLA[®]; and (3) tetracaine (AMETOP[™]). (2005, Interior Health pharmacists).

Literature review concluded that the use of liposomal lidocaine would be safe and perhaps less expensive than EMLA[®] cream. Tetracaine was not suggested as it has a higher incidence of vasoconstriction and requires refrigeration.

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Specifics of the literature review included:

- 4 randomized controlled trials were reviewed: 1 involved venipuncture, 1 meatotomy and 2 intravenous cannulation. Studies focused on children (ages 1 - 17).
- All trials found liposomal lidocaine to be as efficacious as EMLA® and only one found significantly more blanching of the skin with EMLA® when compared to liposomal lidocaine. The meatotomy trial found liposomal lidocaine to be more efficacious than EMLA® in the 30 minute study arm of one of the groups.
- Allergic reactions and localized adverse effects were similar for all the topical anaesthetics and included localized erythematic swelling and irritation.
- Risk of methemoglobinemia with EMLA® if < 3 mos and in < 1 year if on concurrent drugs which increase risk for methemoglobinemia (e.g. sulphonamides, other drugs — see product monograph in CPS).
- Tetracaine is the only product to require refrigeration and also has a higher incidence of vasoconstriction than liposomal lidocaine or EMLA®.
- Liposomal lidocaine has the shortest onset of action, followed by tetracaine, then EMLA®. Tetracaine has the longest duration of action.

Recommendation 2:

Provide teaching to patients about the correct application (how, how much and when to apply) and the side effects of topical anaesthetics.

Correct application of a topical anaesthetic maximizes the effectiveness of the medication in reducing needling pain. See Table 2 for a patient

teaching pamphlet on the correct application of a topical anaesthetic.

Important points to include in teaching include:

- Timing of application and onset of duration.
- Correct application.
- Side effects: redness /rashes or whitening at the site of the application.

Recommendation 3:

For patients that meet the criteria, utilize the protocol in tables 3 and 4 for ordering and filling orders for topical anaesthetics.

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Table 2: Application of Topical Anaesthetic Prior to Cannulation of a Fistula or Graft (Patient Teaching)

What is a topical anaesthetic cream?

A topical anaesthetic cream (e.g., EMLA® or Maxilene-4® cream) is used to create a temporary loss of feeling or numbness of the skin before putting in a needle.

Are there side effects?

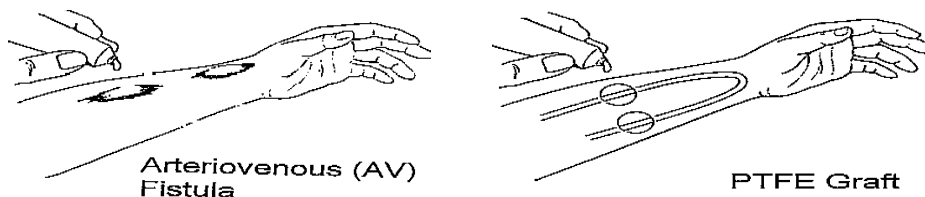
Side effects are rare and may include whitening or redness of the skin and slight puffiness and initial burning or itching on the skin where the cream is applied. These are normal reactions and will disappear without treatment.

When should a topical anaesthetic cream be applied?

A topical anaesthetic cream is best applied at least one hour before dialysis. This allows it enough time to work before putting in a needle.

How is a topical anaesthetic cream applied?

1. Before you leave the hemodialysis unit, ask your nurse which sites she / he plans to needle on the next hemodialysis run.
2. At least one hour before your next hemodialysis run, squeeze about 1.25 cm (0.5 in) of cream or about the size of a nickel onto each of the sites to be needled. If you are not sure which site will be needled, place the



cream above or below the last needle site (for site rotation).

3. Wrap a clear plastic wrap around the arm covering the areas that will be needled. Do not spread out the cream or try to rub it into your skin.
4. When it is time for dialysis, remove the plastic wrap, wipe off the cream and clean the entire area with chlorhexidine and alcohol.
5. DO NOT apply near eyes or on open wounds.

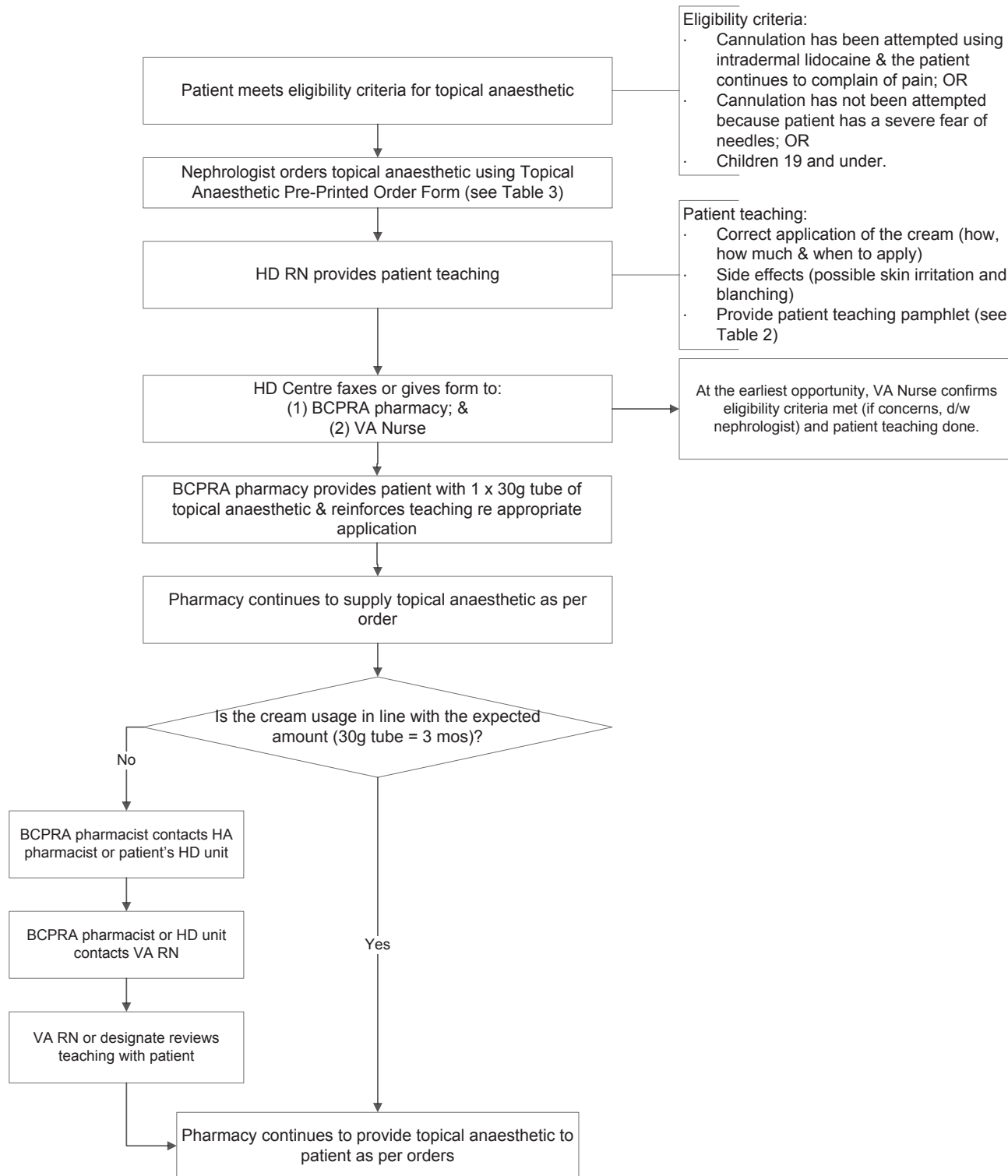
* If your nurse gave you a cap off the top of a heparin vial, substitute these steps for 2 & 3:

1. Place a thick layer of cream on the back side of the cap.
2. Place the cap over the areas that will be needled and secure with tape.

Adapted from patient teaching pamphlets developed by Vancouver General Hospital Pharmacy Department, with thanks.

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Table 3: Protocol for Ordering Topical Anaesthetic Cream (Algorithm)



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Add health authority logo	Add label/addressograph				
PRESCRIBER'S ORDERS					
Refer to Guideline: Use of Topical Anaesthetic to Ease Cannulation Pain					
Date and Time	Topical Anaesthetic Orders: Easing Cannulation Pain (Items with check boxes must be selected to be ordered) (Page 1 of 1)				
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Dialysis Modality</td> <td style="width: 20%;"><input type="checkbox"/> In-Center HD</td> <td style="width: 20%;"><input type="checkbox"/> Community HD</td> <td style="width: 30%;"><input type="checkbox"/> Home HD</td> </tr> </table>	Dialysis Modality	<input type="checkbox"/> In-Center HD	<input type="checkbox"/> Community HD	<input type="checkbox"/> Home HD
Dialysis Modality	<input type="checkbox"/> In-Center HD	<input type="checkbox"/> Community HD	<input type="checkbox"/> Home HD		
	<p>Rationale for ordering (check all that apply):</p> <p><input type="checkbox"/> Cannulation has been attempted using intradermal lidocaine and the patient continues to complain of pain.</p> <p><input type="checkbox"/> Cannulation has not been attempted because patient has a severe fear of needles.</p> <p><input type="checkbox"/> Children 19 and under.</p>				
	<p>Teaching completed: RN to provide teaching & teaching sheet to patient re application of topical anaesthetic.</p>				
	<p>Prescription:</p> <p><input type="checkbox"/> Lidocaine 2.5%/prilocaine 2.5% (EMLA®), dispense 1 x 30 g tube.</p> <p><input type="checkbox"/> Liposomal lidocaine 4% (Maxilene-4®), dispense 1 x 30 g tube.</p>				
	<p>Directions: Apply at least 1 hour before each hemodialysis run.</p> <p><input type="checkbox"/> 1. Squeeze about 1.25 cm (0.5 in) of cream or about the size of nickel onto each of the sites to be needed. 2. Wrap a clear plastic wrap around the arm covering the areas that will be needed.</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> 1. Place a thick layer of cream on the back side of a cap (provided by nurse). 2. Place the cap over the areas that will be needed and secure with tape.</p>				
	<p>FAX order to the BCPRA pharmacy (fax #: (____)____ - _____) AND send a copy to the Vascular Access Nurse at _____ Hospital (fax #: (____)____ - _____).</p> <p>Enter medication into PROMIS.</p>				
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-top: 1px solid black;">Printed Name</td> <td style="width: 30%; border-top: 1px solid black;">Signature</td> <td style="width: 20%; border-top: 1px solid black;">College ID</td> <td style="width: 20%; border-top: 1px solid black;">Pager</td> </tr> </table>	Printed Name	Signature	College ID	Pager
Printed Name	Signature	College ID	Pager		

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5.0 Sponsors

This provincial guideline was developed to support improvements in the quality of vascular access care delivered to patients with chronic kidney disease in BC. Based on the best information available at the time it was published, the guideline relies on evidence and avoids opinion-based statements where possible. When used in conjunction with pertinent clinical data, it is a tool health authorities and health professionals can use to develop local guidelines.

1. Developed by a Vascular Access Working Group of multidisciplinary care providers from across BC, the guideline was approved by the BC Hemodialysis Committee, the BC Provincial Renal Agency Pharmacy & Therapeutics and Medical Advisory Committees (all Committees approved the 2011 version; the 2015 version was updated by the Vascular Access Educators Group - as changes were minor, it was not submitted for committee approval). It has been adopted by BCPRA as a provincial guideline.

6.0 Effective Date

- October 2015; updated May 2017
- This guideline is based on scientific evidence available at the time of the effective date; refer to www.bcrenalagency.ca for most recent version.