

Table – Surveyed clinicians and their responses

	Before introduction of LA spray (N = 13)				After introduction of LA spray (N = 13)			
Questions	Responses	n	%	Comments	Responses	n	%	Comments
Clinical group	Doctor	9	69		Doctor	8	62	
	Nurse	4	31		Nurse	5	38	
Fitting experience	>5 years	9	69		>5 years	8	62	
	2-5 years	1	8		2-5 years	3	23	
	<2 years	3	23		<2 years	2	15	
LA options currently confident with offering and providing	topical gel only	0			topical gel only	0	0	
	injectable only	1	8		injectable only	0	0	
					spray only	0	0	
	both gel and injectable	9	69		both gel and injectable	0	0	
					both topical gel and spray	5		
					both injectable and spray	2		
Preferred LA option and why*	none	3	23		gel, injectable and spray	7		
	topical gel	0			none	0		
	injectable	10	83		topical gel	0		
				More/most effective [3] It's effective and quick acting More effective than topical gel It provides anaesthetic effect required Remains local, not as messy Never been taught [to perform IUC insertions] with [topical] gel, unsure how effective it is More experience and evidence base for its use [x2] I had a patient who had a vasovagal episode with [topical] gel - no episodes with injectable and [injectable] is good if cervical os is small	injectable	3	23	I think it is the most effective, achieves best pain relief [I] Usually fit more difficult ones in gynae that require dilation or pipelles, so would feel this more appropriate in these circumstances [It is the] One I am most familiar with

					spray	8	62	Easy to use [x6] Appears to ... works well [x3] Ease of use, quick..., patients tolerate well, no sharp sensation for patient Its quick [x2] Easy to use, quick acting, cheapest option and environmentally friendly! Patients seem to prefer the idea of a spray to injectable as it is a less invasive procedure than inserting a needle It works very well if you wait 3-4mins, especially if you can get the nozzle in the [cervical] os for 2 pumps
	none	2	17	I do not use any [LA] Don't know the efficacy of either [topical gel or injectable LA]	none	2	15	I ... advise to take analgesia 1 hour before appointment; sometimes just talking them through the procedure as you're doing it is enough... Patient choice
Do you think having an LA spray pain relief option in the service for coil fittings will be useful?	yes	8	62	LA spray is easier to administer, and does not bleed like injectable, and quick acting compared to gel I think it is useful for patients to be given increased choice/options for pain relief during IUC insertion but would like to see more evidence for its efficacy Spray has advantage of being quick and pain free so I think I would offer it more and would make patients feel less anxious Don't tend to use much anyway - patients seem to tolerate [IUC insertions] without [LA] or don't like idea of extra injection (risk of extra discomfort)	yes	12	92	Allows patients to have LA when having devices fitted by clinicians who aren't comfortable or trained with giving cervical blocks, allows pts to have LA who might fear the idea of a needle I just routinely use it now on all pts unless they specifically object. Excellent work on getting it in our pharmacy!
	may be' or 'depends'	5	38	No one has explained the benefits of LA spray as well as disadvantages	may be' or 'depends'	1	8	I offer LA to all but feel it is not required for most patients
	no	0	0		no	0	0	

LA – local anaesthesia. Percentages rounded up to the nearest whole. *One participant did not answer this question before the introduction of LA spray.