

# Administering Painless Injections

A. Hameed ( Letter to Editor )

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Madam, A patient undergoing a surgical procedure most often remembers the pain and discomfort associated with it even if the surgery has been a complete success. For dermatological procedures the pain of the local injection is what the patient is scared of. In children this consideration becomes even more important. Pain produced because of the free nerve endings in the dermis that can be avoided to a great extent by exploiting the normal anatomical architecture of the skin. The skin is endowed with millions of natural channels leading from the surface into the subcutis. These channels are the pilosebaceous units that travel through the skin obliquely terminating in the subcutis. The units grow hair on the hair-bearing skin, and extrude sebum on other areas. On the face (Figure a) and back these pilosebaceous orifices are particularly very prominent. Advantage can be taken of these preformed passages, and an insulin syringe with a 29 gauge needle can be easily inserted through these pilosebaceous orifices without any discomfort. It is essential that in hair-bearing areas, the angle of the needle be parallel to the hair shaft coming out of the orifice (Figure b) so not to perforate the side of the follicle which will then cause some discomfort. In non-hair-bearing areas like the face or the back, the pilosebaceous orifices are normally so prominent that even a vertical insertion of the needle through one of these orifices will not cause much discomfort. The procedure requires some practice. Dermatologists, who routinely do electrolysis/electroepilation, have enough practice of painlessly threading the electrolysis needle through the follicle. In a procedure where a larger area needs to be anaesthetized and an insulin syringe proves to be too slow and tedious a regular 3-5cc syringe can be used, using the same technique, which will not abolish the pain completely but will certainly make it less. Alternatively an insulin syringe can be used initially followed by a bigger syringe to complete the job. The same technique can be used to administer drugs via injections or for drawing blood from veins. The needle can be inserted through the hair follicle near a vein and then advanced further to puncture the vein. Coarse hair have wider openings and wider follicles and therefore are easier to thread. This technique would prove useful to surgeons and nurses alike. In glabrous skin where follicles cannot be located the skin can be pinched tight enough between the thumb and index fingers so as to blanch it. Pressure of the fingers partially and temporarily paralyzes the free nerve endings. An insulin syringe can then be inserted through the pinched skin thus minimizing pain.

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