Results
From October 2014 through August 2017, 100 patients were enrolled and completed the study; 49 (49%) of the patients were randomized to the study group and 51 (51%) were in the placebo group. There was no significant difference between vaginal pain scores between the study group and the placebo group (postoperative day 1: study medication median score 1 [interquartile range 0–3], placebo median score 1 [interquartile range 0–3] \( P = .59 \); postoperative day 3: study medication median score 2 [interquartile range 0–3], placebo median score 1 [interquartile range 0–3] \( P = .20 \); postoperative day 7: study medication median score 3 [interquartile range 1–4], placebo median score 1.5 [interquartile range 0–3] \( P = .06 \)). Cumulative pain scores postoperative day 1–7 were also not significant (study medication median score 6 [interquartile range 1–10], placebo median score 4 [interquartile range 1–8] \( P = .14 \)). Multivariate model for the presence of vaginal pain was calculated and after controlling for body mass index, age, and combined laparoscopy surgery, there was no significant difference between the study and the placebo groups \( P = .62 \). There was no statistically significant difference in morphine equivalents for the 2 groups: study medication 112.5 (interquartile range 45–207) and placebo 101.5 (interquartile range 37.5–195), \( P = .14 \) (Table).

Conclusion
The use of extended-release liposomal bupivacaine in posterior vaginal wall surgeries, injected into the lateral posterior vaginal wall and perineal body, does not provide a significant decrease in postoperative pain or decrease narcotic medication usage when compared to saline.

Author and article information
From Female Pelvic Medicine and Reconstructive Surgery at Walter Reed National Military Medical Center, Bethesda, MD (all authors), Womack Army Medical Center, Fort Bragg, NC (Dr Jones), and University of Minnesota, Minneapolis, MN (Dr Fischer); and Departments of Obstetrics and Gynecology at Madigan Army Medical Center, Joint Base Lewis-McChord, WA (Dr Leonard) and Landstuhl Regional Medical Center, Landstuhl, Germany (Dr Hernandez).

Supported by a grant from Department of Research Programs, Walter Reed National Military Medical Center. The funding source had no involvement in design, collection, writing, or the decision for publication.

The authors report no conflict of interest. No authors have relevant disclosures. The views expressed in this article are those of the authors and do not necessarily reflect the official policy or position of the Department of the Army, Department of the Air Force, Department of Defense, nor the US Government.

CORRECTION
September 2016 (vol. 215, no. 3; errors on page 316.e4)


In an Original Research article, the last full sentence of the text on page 316.e4 reads: “Thus, PFMS measures were recorded for 32 strenuous and 29 nonstrenuous participants.” Instead, it should read: “VRP and PFMS could not be analyzed in 7 women in the strenuous group due to an initial error in how these measures were obtained (as described in the second paragraph under the subheading ‘Data Analysis,’ page 316.e3, column 1). Thus, these measures were recorded for 25 strenuous and 29 nonstrenuous participants.” (VRP, vaginal resting pressure; PFMS, pelvic floor muscle strength.)

Consequently, in Table 3, “Pelvic floor measures: preexercise and postexercise” (page 316.e4), the number of participants in the strenuous group is incorrect as published for 3 of the 4 variables listed (VRP, maximum PFMS, and mean PFMS). The strenuous group included 25 participants, not 22, as stated.