

11. Peripheral nerve block for leg amputation in a high risk patient: Case report

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Introduction: Peripheral nerve blockages have many advantages which make them very useful in anaesthetic practice. The purpose of this presentation is to highlight the effectiveness of peripheral nerve blocks in high risk patients.

Methods and material: It is a case report and we use data from our clinic. A 68 year old male patient came to our hospital with osteomyelitis of his left foot. He has a medical history of hypertension, type 1 diabetes and coronary heart disease with acute myocardial infarction 25 days ago. According to the ASA classification was: IV E. Peripheral nerve block suggested to him which he accepted. We use posterior approach of the sciatic nerve in the iliac fossa. Ropivacaine 5 mg/mL (total 40 mL) was given. For nerve detection we use a 22 g needle 50 mm and a nerve stimulator. For the saphenous nerve 7 mL of Ropivacaine 5 mg/mL was given with subcutaneous infiltration from the tibial tuberosity to the posterior surface of the tibia. ECG, pulse oximetry, non-invasive blood pressure applied before the block until discharge from the operating theatre. O₂ 2 L via a nasal catheter and midazolam 2 mg was given to him.

Results: Complete nerve block was achieved 20 minutes after the injection of the local anesthetic. The duration of the operation was 90 minutes. For the first 24 h postoperatively, the patient received only Paracetamol 1 gr/6 hours and his pain according to the Visual Analogue Scale was 0–2.

Conclusion: In high risk patients peripheral nerve blocks are safe and alternative methods to general anesthesia or central nerve blocks. Minimal systemic effects, adequate analgesia in the immediate postoperative period, are some of their advantages.

References

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