

2. ROUND TABLE DISCUSSIONS

Round Table Discussion I: Obstetrics & Paediatric Update

The promising novelty nerve blocks in the paediatric population

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The number of nerve blocks performed in the pediatric population is constantly increasing nowadays, contributing to better post-op analgesia and outcomes. Multiple studies by the Pediatric Regional Anesthesia Network (PRAN) and the French-Language Society of Pediatric Anesthesiologists (ADARPEF), the use of ultrasound, the push for multimodal analgesia on the one hand, and the evolution of various innovative interfascial nerve blocks performed on the thoracic and the abdominal wall (i.e., Pecs blocks, Posterior TAP, Serratus Anterior Plane block, Rectus Sheath Block, Quadratus Laborum blocks, Erector Spinae block, super-inguinal fascia iliaca) on the other hand, have led to this trend. The ease of their performance, the steeper learning curve and the safer adverse effect profile compared to other “traditional” central regional techniques, still providing comparable analgesic results, accounts for this trend towards interfascial plane blocks performed for pediatric surgeries lately.

This presentation focuses on the techniques of administration (using ultrasound), the anatomic considerations, the indications and limitations of these innovative interfascial nerve blocks performed on children. We are also going to talk about the appropriate for age doses and concentrations of local anesthetics and the adjuvant drugs used for blocks in the pediatric population, the more often and the most serious complications we can come across when performing these “high volume” blocks, what should alert us in the sleeping child and what is the best way to cope with an inadvertent complication, should this happen. After all is it really worth the trouble and why. Finally, we will talk about the reinvasion of subarachnoid anesthesia in the pediatric anesthesia practice and some issues of current debate in the pediatric regional anesthesia literature.