

Regional anesthesia (Types and consideration)

Many types:

A. In the operating room

1. Spinal anesthesia
2. Epidural anesthesia
3. Combined spinal and epidural anesthesia
4. Brachial plexus blockade.
5. Cervical plexus blockade

B. Outside the operating room

1. Intercostal nerve block
2. Digital block

A. In the operating room

General considerations

a. The importance of preoperative communication between anesthesiologist and surgeon cannot be overemphasized. The extent and duration of the procedure must be appreciated by the anesthesiologist so that the appropriate area and duration of analgesia can be achieved. If the possibility of a prolonged or very involved operative procedure is likely, a general anesthetic may be more appropriate. Patient positioning for various surgical procedures is poorly tolerated by awake patients (e.g., steep Trendelenburg may cause respiratory compromise); in these instances, a general anesthetic is appropriate.

b. Supplements to regional anesthesia. No regional anesthetic technique is foolproof, and various degrees of failure may occur because of inexperience or adverse anatomy. Local infiltration by the surgeon may be required if there is an incomplete block or one that is slow to set up fully. Intravenous sedation using short-acting benzodiazepines, narcotics, barbiturates, or propofol can also be helpful. General anesthesia may be required when a regional technique provides inadequate analgesia.

c. n.p.o. status. Because any regional anesthetic may progress to a general anesthetic, n.p.o. requirements for regional and general anesthetics are identical.

d. Monitoring requirements are no different from those for general anesthesia. Heart rhythm, blood pressure (BP), and arterial oxygen saturation should be monitored regularly during regional or general anesthesia. Other monitoring may be indicated, depending on coexisting disease states.