NEURAXIAL AND FUSION ANESTHESIA FOR BOTH LAPAROTOMIC AND LAPAROSCOPIC ABDOMINAL SURGERY IN SPONTANEOUS BREATHING PATIENTS

Dott. Cammarata G. (1), Dott. Cardì S. (1), Dott.ssa Cavallo L. (1), Dott. Ciccarelli M. (1), Dott. Gulisano L. (1), Dott.ssa Nicocia C. (1), Dott. Rampulla S. (1), Dott. Santangelo M. (1), Dott.ssa Stazzone C. (1), Dott.ssa Stazzone G. (1), Dott.ssa Testa M. (1), Dott. Rapisarda S. (1). (1) P.O. S.Marta e S.Venera, Acireale, ASP 3 CT.

Introduction:

Attracted by the potentials of pure neuraxial or fusion anesthetic techniques, our center wanted to verify their intra and post-operative effectiveness applied to abdominal surgery in two spontaneous breathing patients.

Method:

First patient: a 73 years old woman, suffering from hypertension and COPD, scheduled for videolaparoscopic gastrectomy. After routine monitoring, ultrasound-guided paravertebral block (PVB) and erector spine block (ESP) were performed at T7 level infusing Ropivacaine 0.3% 10 ml per side for the PVB and 20 ml per side for the ESP block. An epidural catheter was then inserted at T7-T8 space and an initial bolus of 40 mg of Ropivacaine 0.2%, Ketamine 50 mg and Dexmedetomidine 30 mcg was administered. Subsequent intraoperative anesthetic coverage was ensured through successive 10 ml boluses of 0.2% Ropivacaine repeated every 60 minutes. After 135 minutes laparoscopic technique was converted into laparotomic approach which ended in further 150 minutes. Second patient: a 28 years old woman affected by extra uterine pregnancy with no comorbidities, scheduled for videolaparoscopic salpingectomy. Through a 22 G spinal needle, with a subarachnoid access at T10-T11 level, the following drugs were administered:

Hyperbaric Bupivacaine (0.5%) 3 mg, Ketamine 20 mg, Dexmedetomidine 10 mcg and Ropivacaine (0.25%) 7.5 mg.

Surgery ended in 45 minutes

Both patients received intraoperative hemodynamic support with norepinephrine (mean 0.055 mcg / kg / min) and continuous intravenous sedation with ketamine (0.17 mg / min) and Dexdor (0.33 mg / min).

Results: In both cases a satisfactory anesthetic and sedative level were reached. At the end of surgery, the patients were calm, in total absence of pain and with normal and stable vital parameters.

Conclusions:

These two case reports support the absolute anesthetic efficacy of neuraxial and 'fusion' techniques for management of abdominal surgery with both laparotomic and laparoscopic approach even in spontaneous breathing patients.

