

CO 5 - CONTINUOUS SPINAL ANAESTHESIA AS AN ADVANCED POSTOPERATIVE CARE PRESERVING STRATEGY: A CASE-REPORT

Ana Patrícia Pereira¹, Francisco Teixeira¹, Diana Roriz¹, Delilah Gonçalves¹, Elisabete Pereira¹, José Carlos Sampaio¹

¹Centro Hospitalar de Trás-os-Montes e Alto Douro

Background:

Severe pulmonary conditions in patients undergoing surgery place them at greater risk of adverse outcomes. Alternatives to general anaesthesia are encouraged, namely when in need of emergency interventions and advanced postoperative care is compromised, recently worsened due to the COVID pandemic. We present an example of an underused anaesthetic technique, continuous spinal anaesthesia (CSA), to successfully circumvent the perioperative risk of major abdominal surgery in this kind of patients.

Case Report:

A 73 year-old man, ASA IV, with severe COPD under domiciliary oxygen therapy, bronchiectasis, lung cancer (never gathering surgery, radio or chemotherapy conditions) and a recent (<2 weeks) hospitalization for pneumonia with respiratory failure, presented in need for emergency exploratory laparotomy due to suspected colonic volvulus originating shock signs. There were no ICU beds available. CSA was decided as anaesthetic management. Dural puncture was made at L2-L3 level, using a 18G Tuohy needle, and the catheter was introduced 3cm intrathecally. Small doses of prilocaine 2% slowly titrated to a total of 50 mg were injected through the catheter and satisfactory sensitive blockade was achieved. Coincident hemodynamic alterations were easily treated as they developed. An infusion of 0,7 mcg/kg/h of dexmedetomidine was maintained for patient comfort. The procedure, a xifo-pubic incision, right hemicolectomy and ileocolic anastomosis, lasted for 50 min with further requirement of 20 mg prilocaine. At the end, 100 mcg of morphine were administered intrathecally and the catheter was removed. The patient was comfortable after surgery and safely discharged from anesthesia care.

Discussion:

CSA remains a useful anaesthetic alternative for abdominal surgery in patients with important pulmonary comorbidities at substantial risk for postoperative complications.

This technique not only allows better control of level, intensity and duration of spinal anaesthesia, but also minimizes the risk of sudden hemodynamic collapse and avoids further respiratory compromise in these frail patients.

It may prevent the need of postoperative intensive monitoring, therefore comprising an ICU preserving strategy, of great value during the COVID-19 era.



