**Título:** CONTINUOUS SPINAL ANESTHESIA IN THE FRAIL ORTHOPEDIC ELDERLY PATIENT: A CASE REPORT.

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**Área Terapêutica/Tema:** Anestesia Regional (Regional Anaesthesia)

**Resumo:**

Introdution: High-risk elderly patients scheduled for urgent orthopaedic procedures are becoming more common. They often present with severe comorbidities, poor physiologic reserve and overall frailty (1). We present an example of patient management using an uncommon anaesthetic technique: continuous spinal anaesthesia (CSA).

Clinical Case: A 95-year-old man was scheduled for total hip arthroplasty due to a hip fracture. After hospital admission he developed a nosocomial pneumonia and was not accepted for surgery for 30 days. He had congestive heart failure and COPD, so we decided to perform the procedure under peripheral nerve blocks and CSA. Ultrasound-guided femoral and lateral cutaneous femoral nerve blocks were done with 20 ml of ropivacaine 0.5%. Dural puncture was at L4-L5 level, using a 18G Tuohy needle, and the catheter was introduced 3 cm intrathecally. 1.8 ml of levobupivacaine 0.25% were given through the catheter, satisfactory surgical sensitive blockade was achieved. The procedure lasted for 1 hour without any further local anesthetic requirements. No adverse hemodynamic effects or intraoperative pulmonary complications were noted. The patient did not complain of postdural puncture headache or pain after surgery, and was safely discharged from anesthesia care.

Discussion:  CSA remains a useful anesthetic technique for the high-risk frail patient. An aging population and yours health problems, challenges practitioners to provide effective and safe anesthesia. This technique not only allows us to carefully titrate local anesthetic dose and minimize the risk of a sudden hemodynamic collapse, but also enables us to slowly reach the desired surgical sensory blockade level without the risk of respiratory depression. With the aging of the population and the associated fragility, especially at the cardiovascular level, there is a need to resort to different techniques for the benefit and safety of the patient.

References: 1. Egyptian Journal of Anaesthesia 2016; 32: 535–540.