EFICACY AND SAFETY OF BILATERAL SEQUENTIAL ANTEBRACHIAL INTRAVENOUS REGIONAL ANAESTHESIA WITH LOW DOSE LIDOCAINE FOR THE TREATMENT OF PALMAR HIPERHIDROSIS WITH BOTULINUM TOXIN

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Background and Goal of Study:

Palmar hyperhidrosis is a pathology that impedes patient's daily life, their interpersonal relations and work. Injection of botulinum toxin in the palms significantly reduces the perspiration for months. The procedure is very painful due to the sensibility of the zone. We used a bilateral sequential intravenous regional anaesthesia with low dose lidocaine and with antebrachial ischemia with the aim to evaluate the efficiency and safety of the technique.

Results: The average of pain with the infiltration of toxin was of 2,12 $\pm$ 1,97 according to a VAS scale. We did 110 procedures. In 8 (7,25 %) occasions it was necessary to reinforce the dose of lidocaine administered. Once administered the reinforcement, only 2 patients needed sedation because of inadequate analgesia. The average of pain related to pressure of the cuff was 2,04 $\pm$ 2,16 and pain associated to injection of lidocaine of 3,24 $\pm$ 2,09. Complications: 2 patients referred tinnitus and one case dizziness. No intervention needed as they resolved spontaneously in less than two minutes.

Material and Methods: 55 bilateral procedures were included. We cannulated a vein in at the dorsum of each hand, ischemia was accomplished with a simple cuff 3-4 cm proximal to the wrist (250-300mm Hg) and we administrated a total dose of 15ml (women) to 20ml (men) of 0,5% lidocaine per hand was administered. Cuff was deflated after 20 minutes and then we proceeded with the other hand.

Conclusion(s): Bilateral sequential intravenous regional anaesthesia with low dose lidocaine and with single cuff antebrachial ischemia is effective and safe for the treatment of palmar hyperhidrosis with botulinum toxin.