EPIDURAL ANESTHESIA IN A VIDEO-ASSISTED THORACOSCOPIC SURGERY (VATS) ON AN AWAKE PNEUMONECTOMIZED PATIENT

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CASE REPORT

- A 53 years old man, ASA III, ARISCAT 60 and Goldman II who was undergoing VATS for left pleural effusion drainage and lower lobe biopsy.
- Medical history: right pleuro-pneumectomy in 2008 due to malignant pleural mesothelioma with posterior radio/chemotherapy.
- Given the impossibility of carrying out selective right lung ventilation we decided to realize an awake anesthesia with an epidural blockade at T₅-T₆ level (local anesthetic: Lidocaine 2% + Levobupivacaine 0.125%) together with a continuous Dexmedetomidine infusion to maintain a BIS between 60 and 80.
- The patient was oxygenation 0.28 FiO₂ and SpO₂ > 97% was maintained during all the process.
- After surgery, the epidural catheter was removed and the patient was transferred to the PACU for 12h.

DISCUSSION

- The present case shows an anesthetic alternative which can be used in special cases where selective ventilation is not allowed.
- We emphasize that this strategy may avoid the potential adverse effects related to general anaesthesia and selective ventilation, such as residual neuromuscular blockade, postoperative nausea and vomiting and ventilation-induced lung injury.
- We accentuate treatment with dexmedetomidine to maintain a minimally and adequate sedation avoiding the adverse effects related to stress.

The future of the thoracic surgery should be associated with a combination of surgical and anaesthetic evolution looking for improvements to reduce the trauma to the patient. This anesthetic management might add a further step on the fast track surgery and become an indispensable and fully reliable tool within thoracic surgery.