DOES THE COMBINATION OF MILD SEDOANALGESIA AND BILEVEL ERECTOR SPINAE PLANE BLOCK PROVIDE SURGICAL ANESTHESIA FOR PACEMAKER REVISION?

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ESRA19-0677

Background and Aims:

The Erector spinae plane block (ESPB) is a new and highly popular regional anesthetic technique. Although USPB is often indicated for chronic pain treatments and postoperative pain management, it has rarely been reported for use in surgical anesthesia for selected cases. We will report our ESPB and sedoanalgesia practice to provide surgical anesthesia in a morbidly obese patient with a pacemaker revision due to Twiddler syndrome.

Results:

No additional analgesics were required during the operation that lasted for approximately one hour. The patient had no pain in the recovery room. no analgesics required until 10 hours after the procedure. The patient was satisfied with this method, which was applied for anesthesia 5/5.

Methods:

58 years old morbidly obese-impaired pulmonary functioned female patient (180 kg and 162 cm) who had a permanent pacemaker due to sinusoidal node dysfunction. We planned to perform surgery with ESPB. At the level of 3th and 5th vertebral levels, bilevel ESPB was applied with outplane technique in lateral position. under sedoanalgesia. Local anesthetic mixture (25 mL bupivacaine 0.5 %, 12.5 mL lidocaine 2 % 12.5 mL normal saline) was applied equally between transverse processes and erector spinae. Patient was positioned supine, an intravenous infusion of 2 mg/kg/h was initiated following a 30 mg propofol bolus iv administration.

In cases where general anesthesia is avoided, when combined with sedoanalgesia, *bilevel upper thoracic ESPB* can be an effective surgical anesthetic method in clavipectoral region surgeries.