CONTINUOUS SPINAL ANAESTHESIA IN THE HIGH-RISK ORTHOPEDIC ELDERLY PATIENT: A CASE REPORT.

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BACKGROUND:

Severe aortic stenosis is a serious condition which requires tight haemodynamic control during surgery. We present an example of its management using an uncommon anaesthetic technique: continuous spinal anaesthesia.

CASE REPORT:

83-year-old

- Severe aortic stenosis
- Parkinson's disease
- COPD

**Ultrasound-guided
femoral + lateral cutaneous
nerves block**

15 + 5ml ropivacaine 0.5%

**L3-L4
intrathecal catheter**

1ml bupivacaine 0.25%

(pushed forward with 1.2ml
bupivacaine 0.25%)

- Surgical sensitive blockade at 15".
- No further intrathecal doses.
- No adverse haemodynamic events.
- No postdural puncture headache.
- No postoperative pain.
- Uneventful recovery.

DISCUSSION:

Continuous spinal anesthesia is a rarely-used technique for providing effective anesthesia. The anaesthetic management of patients with severe aortic stenosis requires careful planning to minimize the already known high morbidity and mortality secondary to preload and afterload sudden decreases. These patients depend on adequate preload to overcome the mechanical outflow obstruction, but also on afterload which ensures coronary perfusion (of particular importance considering the oxygen requirements of a typically hypertrophied heart). Finally, reflex tachycardia from a single-shot spinal can cause sudden hemodynamic collapse.

LEARNING POINTS:

Continuous spinal anaesthesia, although uncommon, remains a useful anaesthetic skill. An aging population and its increasing effects on health issues, namely severe cardiovascular disease, challenges anesthesiologists to provide effective and safe intra-operative care.