Spinal anesthesia for intestinal occlusion using bupivacaine 0.5 %hyperbaric with adjuvant

Walid Kamal

Centre hospitalier Elyousef, Anesthesia, Halba. Akkar, Lebanon

ESRA19-0454

Background and Aims:

Intestinal occlusion may be mortal especially if it is accompanied by co-morbidities. Spinal anesthesia could be an alternative choice to general anesthesia sparing cardiac and pulmonary complications.

Methods:

A 58 year old woman was admitted to the hospital for intestinal occlusion that occurred 2 days ago. She was having abdominal pain especially in the left side, nausea, vomiting. No gaz, no defecation. Her weight was 122kg and 160cm of height. She had hypertension and diabetes mellitus type 2. She was operated 14 times for umbilical hernia and she had one c /section and ORIF for right shoulder. Spinal anesthesia was performed in L2-L3 using bupivacaine heavy 0.5%-3ml and adrenaline 0.1%-0.1ml with clonidine 0.075mg intrathecally. The block extension was T8 hypotension was corrected with ephedrine infusion and with voluven 6%-500ml and normal saline 0.9%-2liters.

Results

The operation went well for 4 hours Median incision was done and an enteral anastomosis was successfully created. Hemodynamic was stable and the patient went to the wards with an EVA <40. There she was kept NPO, and took paracetamol 1g iv each 6 hours and tramadol 100 mg IM when EVA>40. The nasogastric tube was removed in the 4th day and she began to drink water and then liquid fluid and solid nutrition. On the 7th day she left home on her feet.

Conclusions

Spinal anesthesia for abdominal surgery with bupivacaine heavy 0.5 % hyperbaric and adjuvant such as adrenaline and clonidine gives a good anesthesia and analgesia for more than 4 hours.