Case report: Scalp Block with dexmedetomidine as an additive to local anesthetics for Basal Cell Carcinoma (BCC) surgery to a high risk patient

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95y old
COPD, CAD, paroxysmal AF,
HTN, monocular, BPH, METS<3

- sedation, anxiolysis and optimal analgesia
- without disturbing hemodynamic status and respiratory function

Scalp block

- The supraorbital, supratrochlear, zygomaticotemporal, auriculotemporal, greater occipital, and lesser occipital nerves were blocked
- 20 ml lidocaine 1% and 20ml ropivacaine 0.75% plus 1mcg/kg dexmedetomidine (70mcg) equally injected

Sensory block was established at 10 minutes
The 180 min surgery was carried out under mild to moderate sedation with the patient hemodynamic stable and no complaint of pain or dissatisfaction
He was discharged from PACU with an Aldrete Score of 9. Analgesia endured 20 hours and no signs of delirium occurred

Discussion:

- Scalp block can be used as an adjunct to general anesthesia or serve as the main anesthetic method.
- Dexmedetomidine when mixed with a LA
- ✓ can prolong duration of block
- ✓ can provide optimal balance between block features and systemic effects while avoiding adverse events
- High risk patients can be managed as a day case

Learning points:

- Scalp block is safe and cost effective
- Dexmedetomidine may serve as an asset that offers sedation without respiratory depression