NEPHRECTOMY IN THE AWAKE PATIENT - MYTH or REALITY

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BACKGROUND

Surgery of the upper abdomen is traditionally performed under general anesthesia alone or in combination with regional anesthesia (RA). Nephrectomy involves the positioning of the patient in lateral decubitus for several hours, and only 3 cases of RA are described in the literature as an isolated technique for this procedure. ^{1,2}

CASE REPORT

65-years-old male, presenting for **right retroperitoneoscopic radical nephrectomy** due to renal neoplasia.

ASA IV: hypertension, congestive heart failure, atrial fibrillation; obesity (BMI 32); heavy smoking history with severe chronic pulmonary disease under noninvasive ventilation and home oxygen therapy, proposed for lung transplant.

INTRA-OPERATIVE PERIOD

- ✓ E-catheter in T9-T10 (4cm) - Ropivacaine 0.75% E (total 10ml, 75mg)
- ✓ Midazolam IV (total 2mg) + Fentanyl (total 50µg)
- ✓ Invasive blood pressure monitorization
- ✓ Noradrenaline 13 - 20ug/min to MAP > 65 mmHg
- ✓ Restrictive fluids

Duration of surgery 112 minutes:

- ✓ patient comfortable and cooperative
- ✓ spontaneous ventilation with O₂ by nasal cannula
- ✓ hemodynamic stability under perfusion of noradrenaline
- ✓ Blood loss < 100mL

POSTOPERATIVE PERIOD

The patient remained in the post-anesthesia care unit for 48 hours :

- ✓ Weaning of vasopressor support in 24h
- ✓ Continuous E analgesia
- ✓ Rescue opioids

Discharged on the 6th postoperative day without any complication.

DISCUSSION AND CONCLUSION

General anesthesia in patients with severe respiratory disease is associated with a high rate of pulmonary complications. Keeping the patient awake contributed to an uneventful postoperative course, avoiding difficult ventilatory weaning and/or respiratory infection. The positioning at T9-T10 level of the E-catheter allowed the anesthetic volume to be reduced, guaranteeing a sufficient block for the surgery but reducing the hemodynamic changes due to the sympathetic block.

Performing nephrectomy under RA is a real challenge for both the anesthesiologist and the surgical team. We intend to demonstrate its safety and benefits in selected patients.