“The best of both worlds! Continuous spinal anesthesia and peripheral nerve blocks for hip surgery in a patient with severe cardiac disease”

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BACKGROUND

- Elderly patient with severe cardiovascular disease → Daily challenge for the anesthesiologist.
- Regional Anesthesia presents as a good and safe alternative for those patients.

CASE REPORT

- 84y man, ASA IV, severe cardiac depression (LVEF 26%), ICD, low functional ability
- Auricular fibrillation (reverted hipocoagulation previously)
- Chronic kidney disease, diabetes mellitus, ischemic encephalopathy

✓ PROPOSED SURGERY: LEFT HEMIARTHROPLASTY AFTER POST TRAUMATIC FRACTURE

- ICD disabled, desfibrillation pads were placed, radial catheter for invasive blood pressure monitoring

DISCUSSION

- Continuous Spinal Block allows to titrate minimum effective doses, minimizing cardiovascular instabilitaty, specially in the elderly patient with severe CV disease.
- Ultrasound guided peripheral blocks for postoperative pain control allowed a superior cardiovascular stability and patient comfort.
- Advanced analgesia techniques allow minimizing opiate use avoiding opiates’ undesirable side effects.

References:

- Saber R, Metainy S. Continuous spinal anesthesia versus single small dose bupivacaine–fentanyl spinal anesthesia in high risk elderly patients: A randomized controlled trial. Egyptian Journal of Anaesthesia (2015) 31, 233–238
- Jiménez MIS, Gago MB, et al. Efficacy of obturator and femoral cutaneous nerve blocks for postoperative analgesia in hip surgery. Rev. Esp. Anestesiol. Reanim. 2009; 56: 590-597