OPEN COLECTOMY UNDER EPIDURAL ANESTHESIA ONLY: A CASE REPORT

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Background and aims

While the elderly population continues to increase, more octogenarians require surgery. Anesthesia management becomes more challenging for the elderly since the prevalence of comorbid diseases is higher. We present a case report of an 84 year old woman, with severe COPD, undergoing left colectomy under single epidural anesthesia. Our aim is to demonstrate the efficacy of epidural anesthesia in patients, on high risk for cardio-pulmonary complications, undergoing abdominal surgery.

Methods

An 84 year old Caucasian woman, ASA III, was admitted to our hospital due to almost complete large bowel obstruction, due to recurrent episodes of large bowel ischemia. Her clinical history included heart failure, atrial fibrillation, diabetes mellitus, bronchial asthma under oxygen therapy (FEV1= 53%, PEF= 52%, pO2= 62mmHg on room air) and myelodysplastic syndrome. Due to her comorbidities, she was planned for open left colectomy under single epidural anesthesia. After locating the thoracic epidural space at level T8-T9 an epidural catheter was introduced. A test dose of 3ml lidocaine 2% was injected, while the anesthesia was maintained with 5ml ropivacaine 0.75% at the beginning following with a 5ml bolus ropivacaine 0.375% 40 minutes after the initial dose.

Results

The patient underwent open left colectomy with laterolateral anastomosis (transverse to sigmoid colon). The operation lasted 2 hours. During the surgery the patient remained hemodynamically stable, vasopressors was not used while the anesthesia level was optimal. No pulmonary burden was observed. Additionally, the epidural catheter was used for postoperative analgesia. Postoperative course was uneventful and the patient was discharged six days later. None complication observed for 30 days postoperatively.

Conclusions

Single epidural anesthesia for abdominal surgery remains a challenge for the anesthesiologist. However high risk patients, including octogenarians, benefit from epidural anesthesia for such operations, a fact that contributes to reduced morbidity and mortality.

References

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