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DIFFERENTIAL BLOCK WITH 0.25% BUPIVACAINE IN THE PATIENT WHO MUST BE ABLE TO MOVE HIS FOOT

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During percutaneous endoscopic lumbar discectomies (PELDs), the spine surgeons are anxious about damaging spinal roots. Epidural block using 0.5% bupivacaine is available, but the alert patients can have difficulties in detecting any damage of their nerves. Consequently, we tried epidural anesthesia with 0.25% bupivacaine.

Thirteen patients scheduled to take PELD were assigned to this test. The level of the PELDs was the only lumbar 4-5. Ages of patients were 22 to 58. We performed epidural anesthesia at the midline of interspace which was one level above the actual operative part. We inserted epidural catheters and epidural catheters were advanced 3 cm caudally into the epidural space. 8 ml of 0.25% bupivacaine was injected via the epidural catheter. 4 ml of 0.25% bupivacaine was injected after one hour. We checked leg pain, back pain, and dorsiflexion and plantarflexion of big toes and ankles using VAS during the operations.

All patients had nearly same results. They were not aware of moderate and severe pain. They sometimes reached feelings of painful leg and back. However, they said those kinds of pain were not afflicting them. All patients could dorsiflex and plantarflex their big toes and ankles during the operations.

Epidural anesthesia with 0.25% bupivacaine in the low lumbar area was effective in the patient who could have some power and pain sensation.