

2003 Spring A4

Small dose ketamine 0.5mg/kg produces a peripheral preventive analgesic effect when added to interscalene block for major shoulder surgery

McCartney CJ, Chan VWS, Sanandaji K, Rawson R, Katz J, Choyce A

Toronto Western Hospital, University Health Network, Toronto, Ontario, Canada

Background and objectives: We evaluated the indication and use of the glossopharyngeal nerve block technique as a useful alternative of treatment of cancer and non-cancer pain of the oral cavity.

Methods: The pilot study was conducted on two groups of patients (10 patients).

One group with cancer of the oral cavity – cancer of tonsils and of the root of tongue and non-cancer group with neuralgia of glossopharyngeal nerve and the other conditions associated with the pain in glossopharyngeal nerve innervation zone.

Modified intraoral approach was used with very small amount of local anesthetic solution (0.25% bupivacain, levobupivacain) with thin needle (G27 Whitacre,10 cm long).

As a standard Short Form of McGill Pain Questionnaire and VAS were used before and after the procedure.

Results: Decrease the VAS associated with improvement of quality of life in both groups of patients was found (mean VAS before the procedure – 8.7, after the procedure 2.9). We have already monitored significant decrease of using opioid and non – opioid analgetics. In 2 cases have persisted Long term effect and no analgetics were need.

One complication appeared – block of both sensitive and motoric part of glossopharyngeal nerve with temporary (4 hours) problem swallowing impairment and irritation to cough.

Conclusions: The benefit of glossopharyngeal nerve block is decrease of consumption of opioid and non opioid analgetics with elimination of its side effects. The procedure is alternative, relatively safe and easy outpatient method of treatment of chronic pain of the head and neck with no special needs of equipment recommend for ENT specialists, oncologists, anesthetists and pain specialists.

Literature :

1. **Bedder MD** : Glossopharyngeal nerve. In Hahn, Regional Anaesthesia, Mosby, St. Louis 1996,75-79
2. **Caron,H** : Control of pain in the head and neck. Otolaryngol.Clin.North.Am.1981,14,3 p.631-652
3. **Henthorn,R.W**, Which method of intraoral glossopharyngeal nerve is better? Anesth.Analg, 1995,81, 5 p. 1113-1114

Reg Anesth Pain Med 2003;28:A4