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### 1% chloroprocaine for spinal anesthesia

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**Introduction:** Spinal anesthesia is a very popular method of giving anesthesia for many different surgical procedures. The only drawback so far has been a delayed recovery due to the long duration of the local anesthetic drug (bupivacaine) causing a prolonged stay at the PACU and a late discharge. Shorter acting drugs like lidocaine have produced TRI (transient radicular irritation) and are not recommended for use in spinal anesthesia (1).

**Methods:** A preservative and additive free 1% isobaric chloroprocaine (cp) solution has been used to provide spinal anesthesia in 500 consecutive patients scheduled for short surgical procedures. A verbal consent from the patients was obtained to use chloroprocaine. 30 to 40mg cp was injected intrathecally in the lumbar region. Postoperative observation was carried out at the PACU until mobilization and/or dismissal. If any signs of discomfort or signs of TRI should occur, the patients were urged to contact the anesthesia department.

**Results:** Operations were in the fields of general surgery, orthopedic surgery, urology, gynecology. The minimum onset time of anesthesia (sacral roots) was three minutes after injection of the local anesthetic drug. The longest operative procedure took 50 minutes. Surgical anesthesia was achieved in every case. There were never any signs of TRI during injection of cp, nor any other negative observations. After 90 minutes from injection of cp the patients could be mobilized. No urinary retention or signs of PONV. All patients were completely satisfied with their spinal anesthesia and with the results.

**Discussion:** Short acting spinal anesthetic drugs have been on the anesthesia development waiting list for a long time. With cp, already known from epidural anesthesia and peripheral blocks, we now have with the 1% isobaric solution a possibility to apply a spinal anesthesia for short surgical procedures. Chloroprocaine is a local anesthetic drug that has been in clinical use for 50 years. Neurologic deficits after intrathecal cp injection have been described (2), but the anesthetic was together with preservatives and antioxidants. Even with bupivacaine TRI has been reported (3). It seems that with 1% chloroprocaine we finally have a drug with a fast onset and a short duration with a complete patient satisfaction.

#### References:

1. Schneider M, et al: *Anesth Analg* 1993; 76: 1154-1157
2. Reisner LS, et al: *Anesth Analg* 1980; 59: 452-454
3. Tarkkila P, et al: *Reg Anesth* 1996; 21: 26-29

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