

March 26-28, 2018
Vienna, AustriaRobert Julius Almasi, Int J Anesth Pain Med 2018, Volume 4
DOI: 10.21767/2471-982X-C1-002

A NEW SIMPLIFIED TOLERANCE SCALE FOR THE ASSESSMENT OF THE SUCCESS OF ULTRASOUND GUIDED PERIPHERAL NERVE BLOCKADE

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The brachial plexus blockade with ultrasound guidance became popular for upper limb surgery. Peripheral nerve blockade (PNB) avoids complications of general anaesthesia, provides better postoperative analgesia, and lowers the risk of local anaesthetic systemic toxicity. The quality of ultrasound guide (UG) PNB can be characterized by many factors. The evaluation of the onset of sensory and motor blockade sometimes challenging. Even if the anaesthesiologist defined the complete onset of sensory blockade the patient can feel some disturbing sensation during surgery. The evaluation of the quality of the blockade alone doesn't assess the whole intraoperative condition of the patient. To the best of our knowledge there is no any simplified tool for the assessment of the quality of UG PNB from the aspect of sensory, motor, coping and postoperative pain. An easy-to-use, GCS (Glasgow Coma Scale)-like scale was developed and tested in our clinic. Ninety-five patients, ASA (American Society for Anaesthesiologist) I-III were scheduled for unilateral upper extremity surgery using standardized UG PNB anaesthesia. Patients were randomized

into 3 groups (G1 lidocaine; G2 bupivacaine; G3 bupivacaine + lidocaine) with standardized dose of 0.4 ml/kg BW, and 30 ml maximal volume. The sensory motor, coping of patient and postoperative pain qualities are measured with a five point scale from 0 to 4 points respectively. There was no difference in the quality of PNB measured by tolerance scale between the three groups. No any operation was abandoned and none of the patients needed GA due to failed PNB. More than 90% of the patient were defined as Good or Excellent. A single pinprick and touch test may fail to define complete loss of sensation because of the possibility of differential block. The satisfaction of patients with the overall care they have received can be evaluated by this new tool.

Biography

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