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Blockade of the distal sciatic nerve with the patient in the supine position using a newly developed position aid with integrated ultrasound probe holder

Background: We have developed a femoral supporting pad with an integrated ultrasound probe holder and examined its practical usability on patients with lower limb surgery.

Objectives: To evaluate the function of this novel femoral supporting pad with respect to its practicability during the performance of a distal sciatic nerve blockade, the time needed to perform this blockade including the catheter insertion and the quality of postoperative analgesia within the first 24 hours.

Methods: 50 patients which had been scheduled for elective lower leg, ankle or foot surgery had received a continuous blockade of the distal sciatic nerve. Sciatic nerve blockade was performed sonographically controlled with the patients in supine position by using our novel femoral supporting pad with an integrated ultrasound probe holder. Primary endpoint: duration of the intervention. Secondary endpoints: pain intensity (visual analogue scale VAS 0-10) at the first postoperative day; cumulative opioid (piritramide) requirement during their stay on the post Anaesthesia care unit (PACU) with vs. without distal sciatic nerve blockade.

Results: 49/50 patients received a distal sciatic catheter, which had been sonographically placed within a mean time (mean ± sd) of 11:30 ± 3:13 minutes. VAS at the first postoperative day was (mean ± sd) 1 ± 2 at rest and 2 ± 2 as maximum. The piritramide requirement during PACU stay (mean ± sd) was 11 ± 8 mg without vs. 3 ± 6 mg with distal sciatic nerve blockade ($p < 0.05$).

Conclusion: Continuous distal sciatic nerve blockade using a novel femoral supporting pad with an integrated ultrasound probe holder was feasible in 49 of 50 patients within 11 minutes and 30 seconds.

Case Report **Published Date:-2019-07-04 00:00:00**

Benzine as fire source in operation room

Provide a safety anesthesia to patient is only possible with the knowledge of material surrounding the operation room. Benzine is highly flammable substance and can produce several injures without the necessary care. This case describes a small fire caused by the presence of benzine in the surgical field concomitant with the use of electrocautery, which caused slight burns to the patient, but which could have been catastrophic, and proposes the use of protocols to prevent such accidents.
