Regionální anestézie pro operace na ramenním pletenci –

„sólo nebo s celkovou“

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Faculty Disclosure

x	No, nothing to disclose
	Yes, please sp

Company Name						*Ownership/ Equity Position*	*Employee*	*Other (please specify)*
SONOAKADEMIE z.ú.						x		

The Effects of Anesthesia Methods on the Prognosis of Elderly Patients Undergoing Upper Limb Surgery: A Systematic Review

Ning Yin

Conclusion

Anesthesia management for upper limb surgical procedures in elderly patients is a complex process that requires nuanced considerations. The choice of anesthesia technique, whether it be general, regional, or a combination of both, is influenced by a multitude of factors including the type of surgery, patient characteristics, and the desired outcomes. The use of advanced regional anesthesia techniques such as continuous supraclavicular block and interscalene block has shown promising results in terms of efficacy and reduced side effects. However, each technique carries its own set of risks and benefits that must be carefully weighed. The use of local anesthetics such as levobupivacaine and lidocaine further adds to the complexity of anesthesia management. These agents, while effective, require a thorough understanding of their pharmacological properties and clinical applications. Recent studies have shown that the volume of local anesthetic required for successful block is significantly lower in elderly patients, indicating increased sensitivity in this population. This underscores the need for individualized anesthesia plans that take into account the unique needs and sensitivities of the elderly population. As the field of anesthesiology continues to evolve, it is crucial that practitioners stay abreast of the latest research and developments in order to provide the highest standard of care for their patients.

BEZPEČNÁ NENÍ ANESTEZIOLOGICKÁ TECHNIKA,
BEZPEČNÝ MŮŽE BÝT JEDINĚ ANESTEZIOLOG

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Staré pravdy

Systematic Review

Axillary Brachial Plexus Block Compared with Other Regional Anesthesia Techniques in Distal Upper Limb Surgery: A Systematic Review and Meta-Analysis

Kristof Nijs [1,2,3,†], Pieter 's Hertogen [1,3,4], Simon Buelens [1,3,4,†], Marc Coppens [5,6], An Teunkens [3,4], Hassanin Jalil [1], Marc Van de Velde [3,4], Layth Al Tmimi [3,4] and Björn Stessel [1,2,*]

Conclusions: The RA choice should be individualized depending on the patient, procedure, and operator-specific parameters. Compared to ultrasound-guided supraclavicular and infraclavicular block, ultrasound-guided axillary block may be preferred for patients with significant concerns of block-related side effects/complications. High heterogeneity between studies shows the need for more robust RCTs.

VOLBA ANESTEZIOLOGICKÉ TECHNIKY A PERIOPERAČNÍHO PŘÍSTUPU K PACIENTOVI OBECNĚ JE JEDINEČNÁ NEOPAKOVATELNÁ UDÁLOST

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REVIEW ARTICLE

Regional Anesthesia for Upper Limb Surgery: A Narrative Review

Zahid Hussain Khan*, Hamid Reza Amiri, Amjed Qasim Mohammed

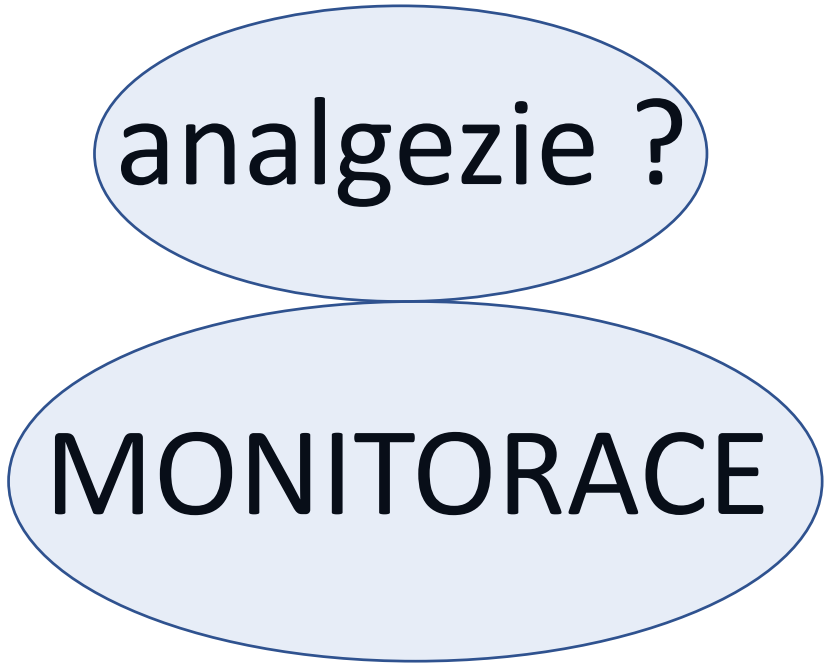
ULTRAZVUK JE „GAMECHANGER“

Conclusion

Regional anesthesia for upper limb surgeries is a technique of choice in some instances and in combination with mild to moderate sedations can be considered as a good technique of anesthesia, by making a systematized schedule for these techniques may decrease complications of general anesthesia and improve patient satisfaction during perioperative management. Ultrasound introduces a degree of flexibility to the techniques of regional anesthesia that did not exist before. It certainly gives the operator the chance to choose

Sólo regionální anestézie vs. Kombinace s celkovou anestézií

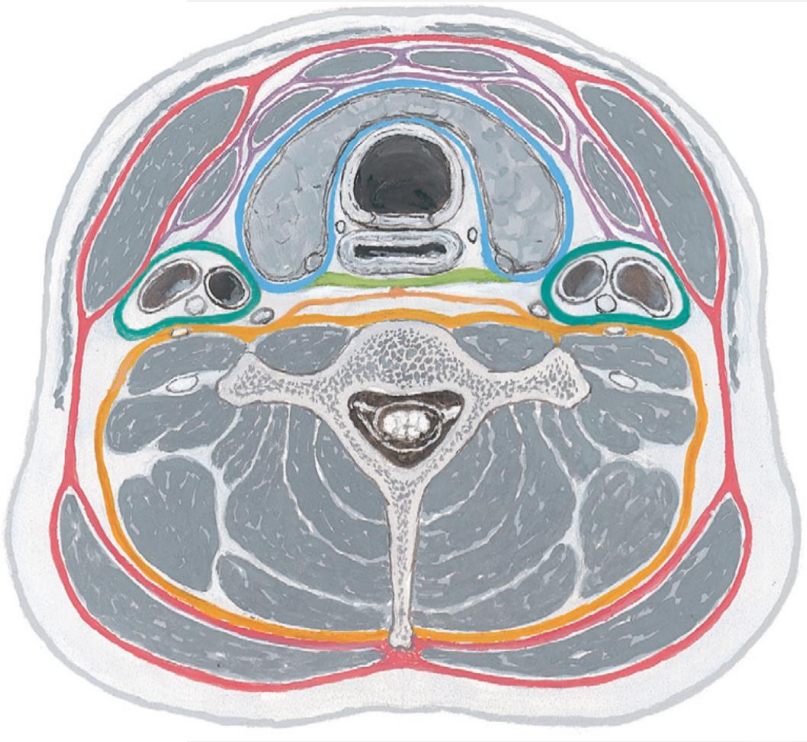
- Co je hlavní výhoda regionální anestézie oproti anestézii celkové?



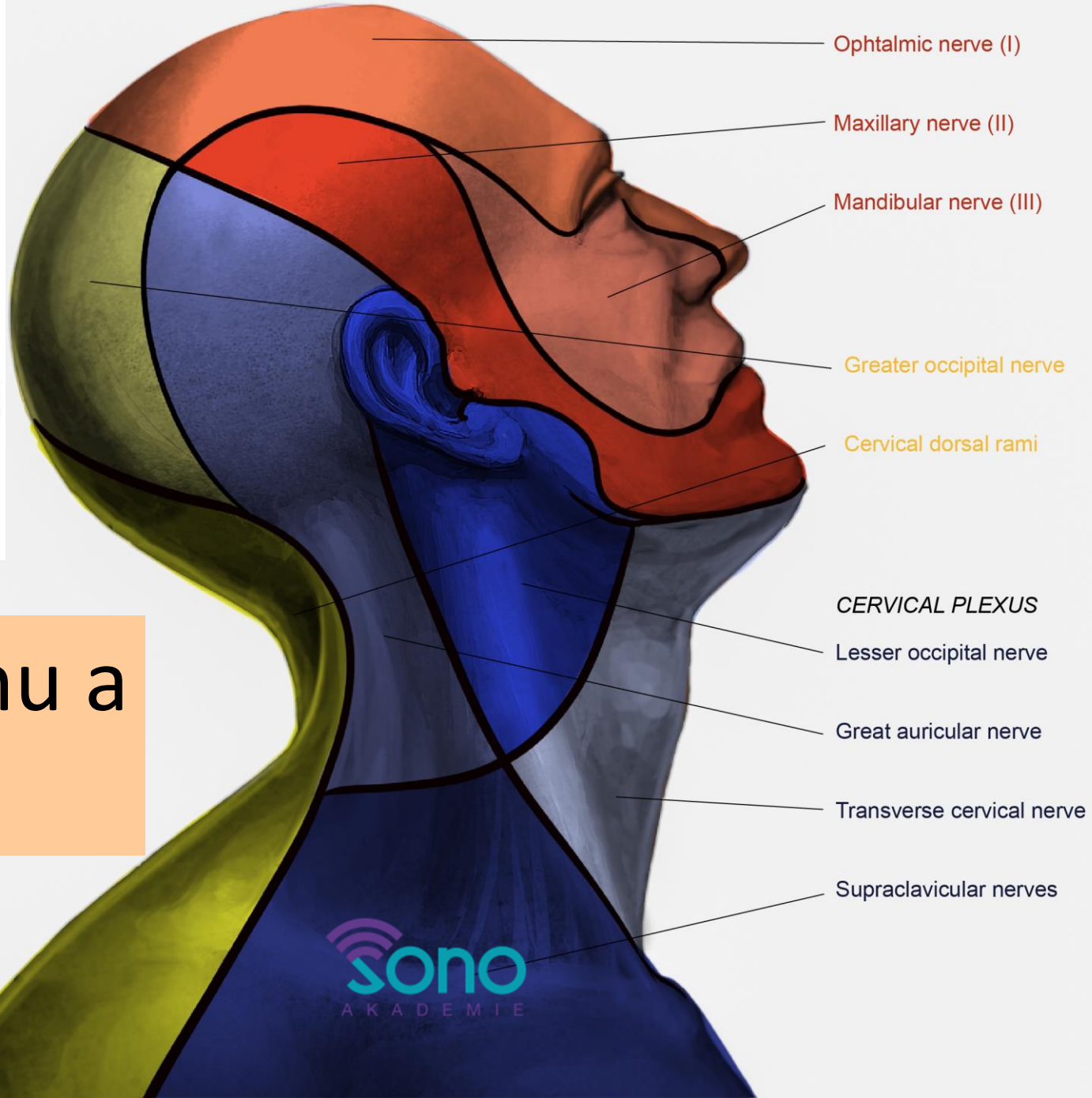
podmínky sólo regionální anestézie?

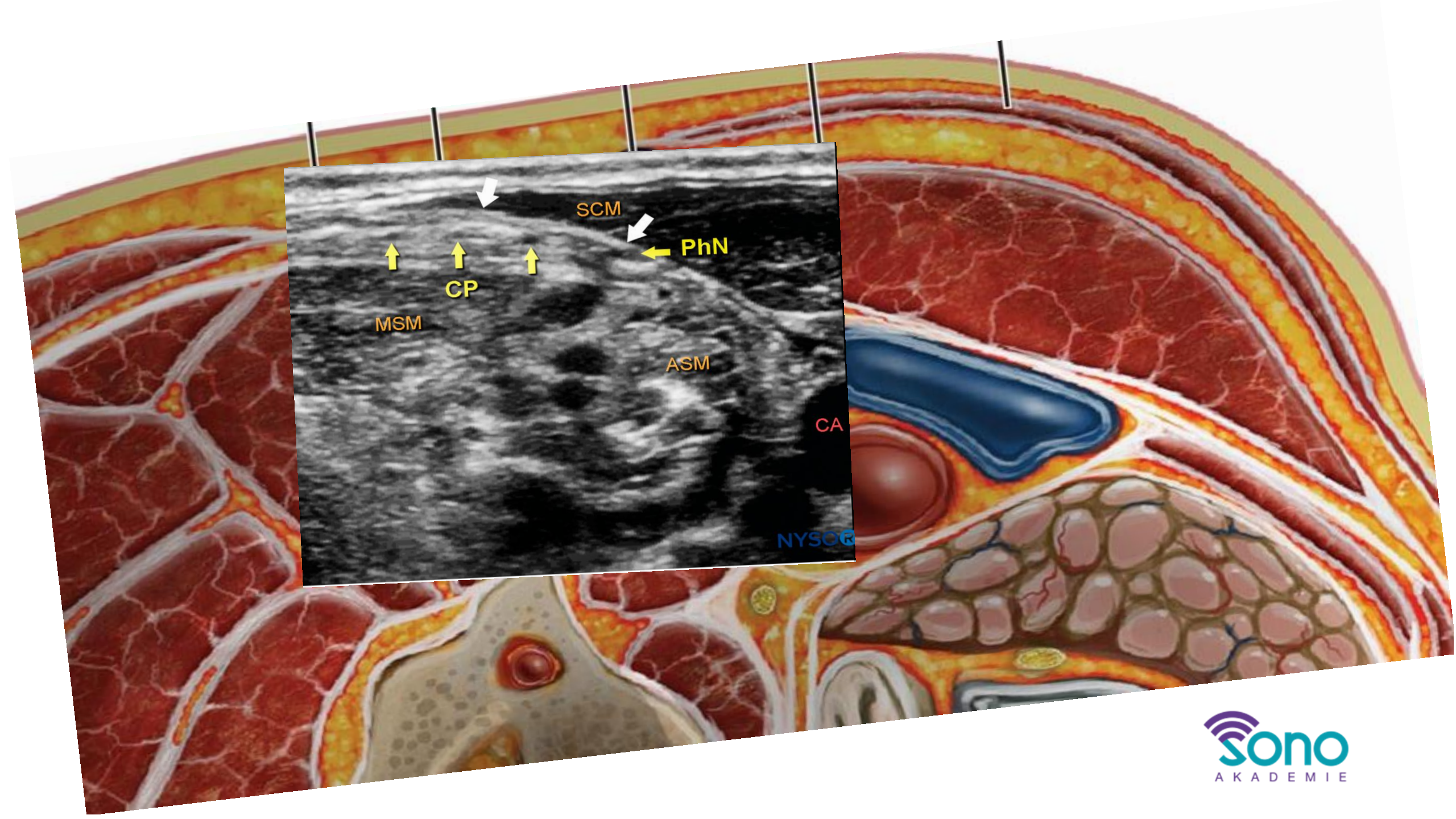
- Znalost operačního výkonu a požadavků operatéra (svalová relaxace..)
- Znalost inervace
- Preciznost provedení techniky
- Připravenost a schopnost provést plán B

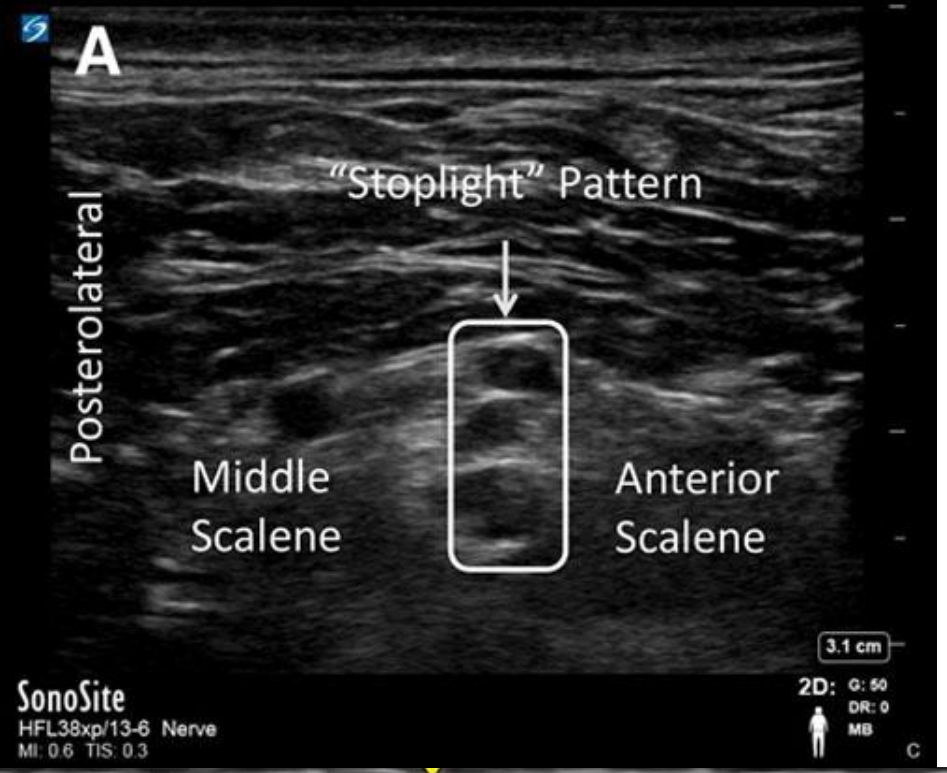
- Spolupráce a motivovanost pacienta
- Spolupráce a motivovanost chirurga

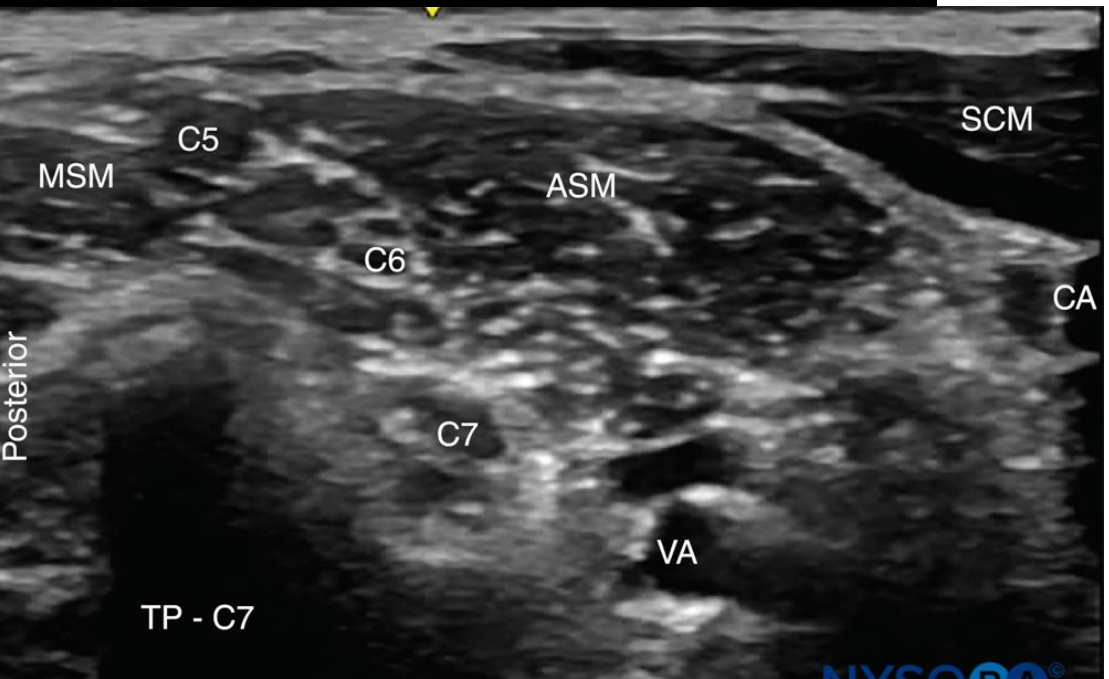


Rozsah výkonu a inervace



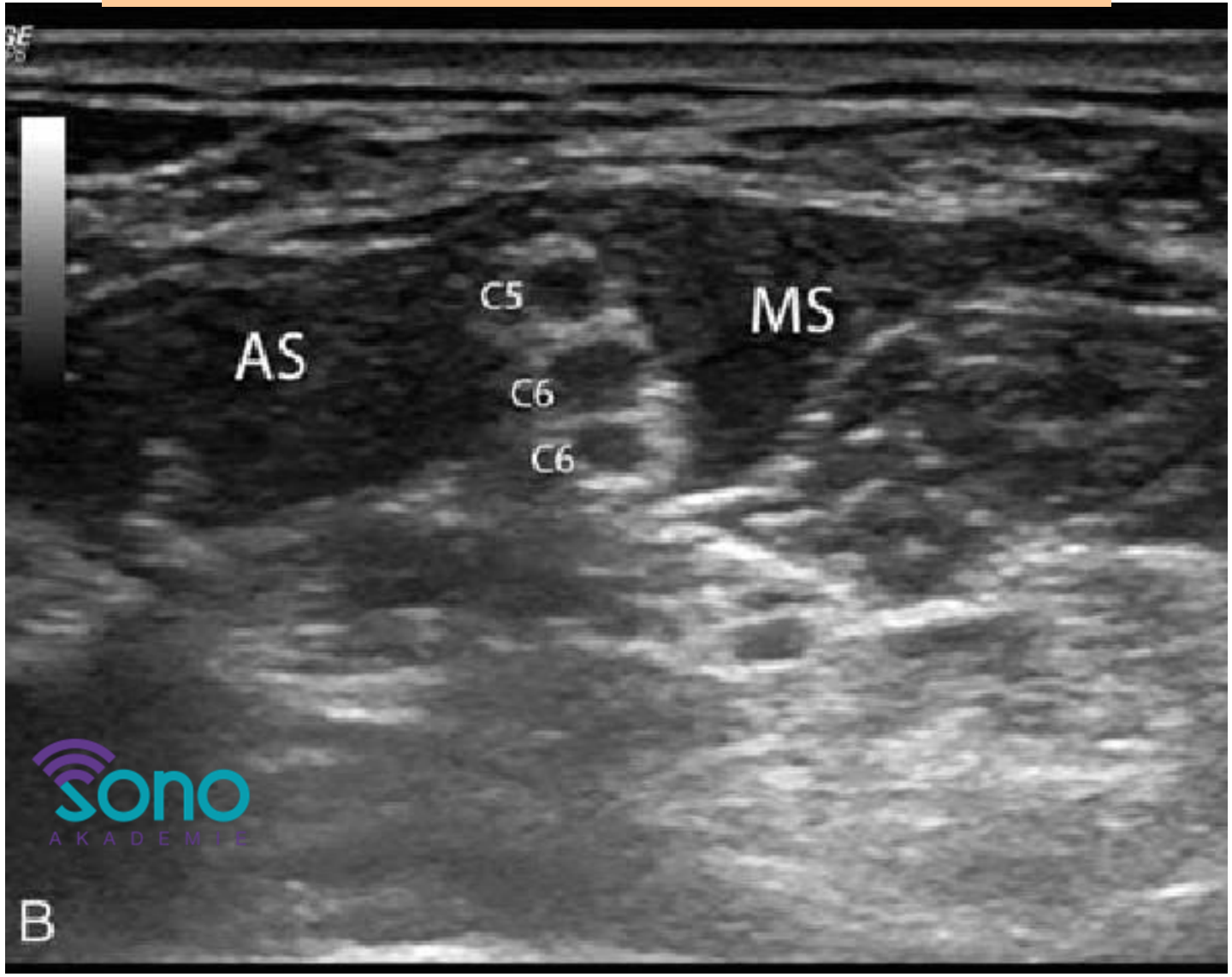

SCM
PhN
CP
MSM
ASM
CA
NYSORA

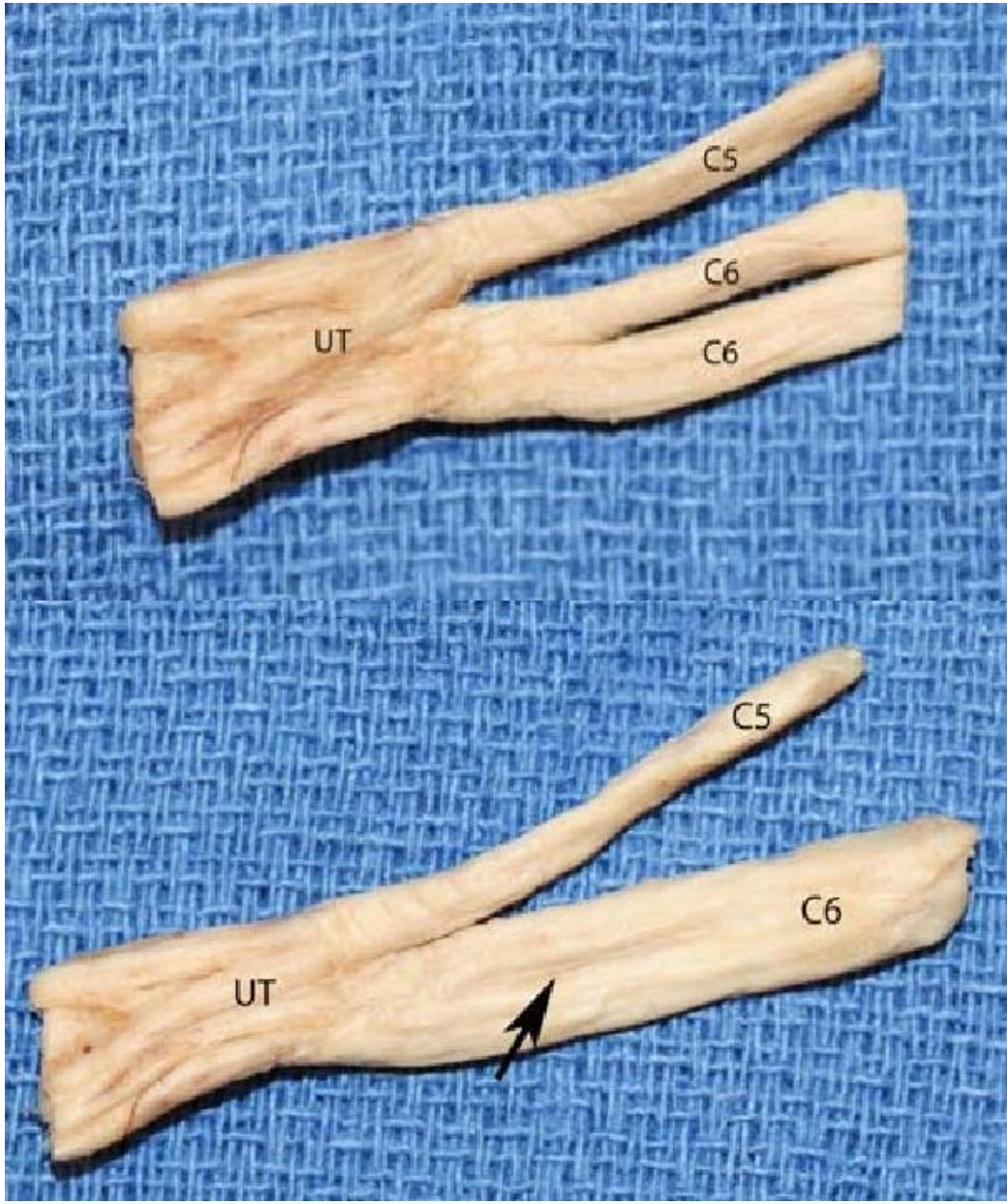


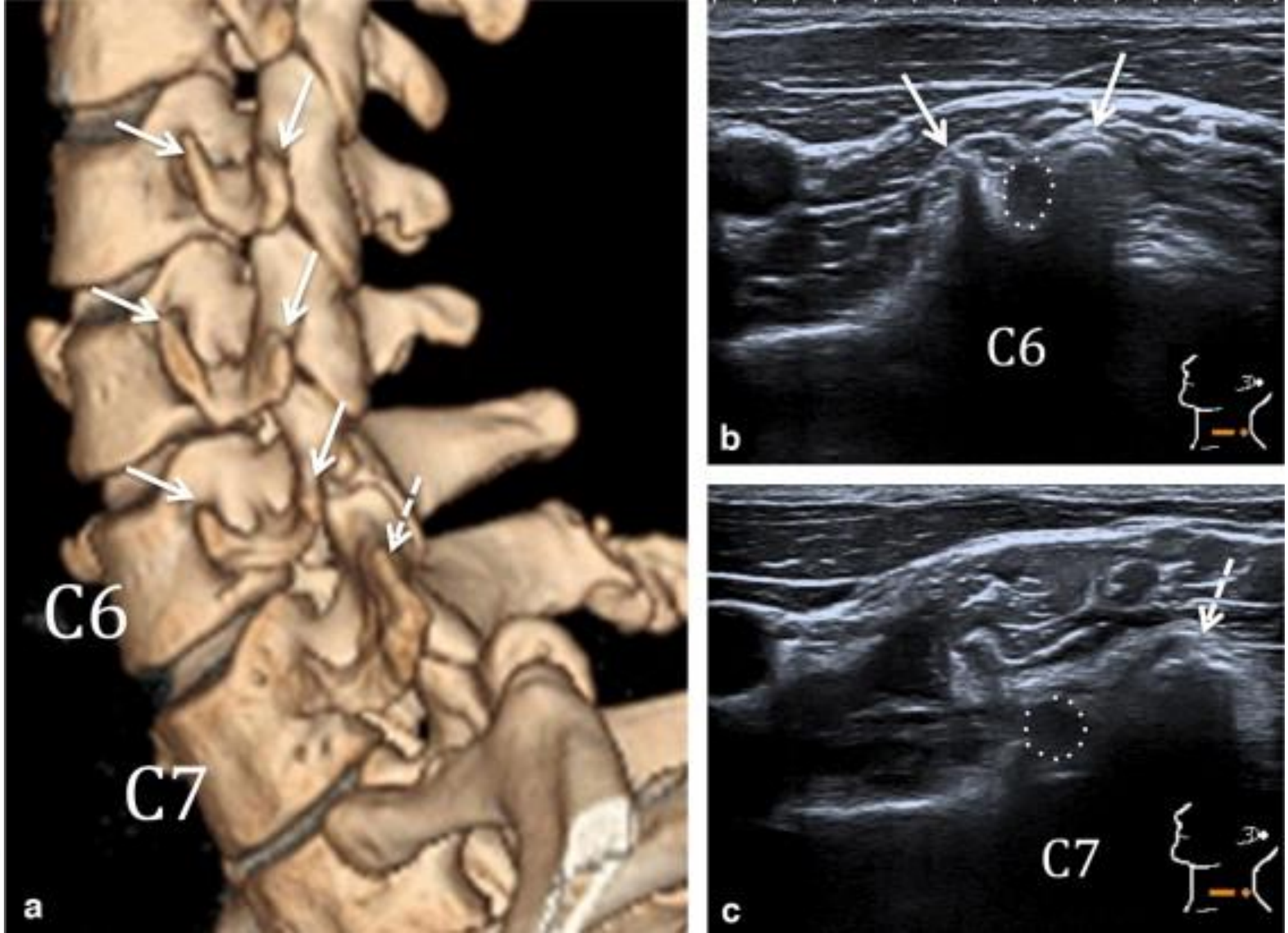


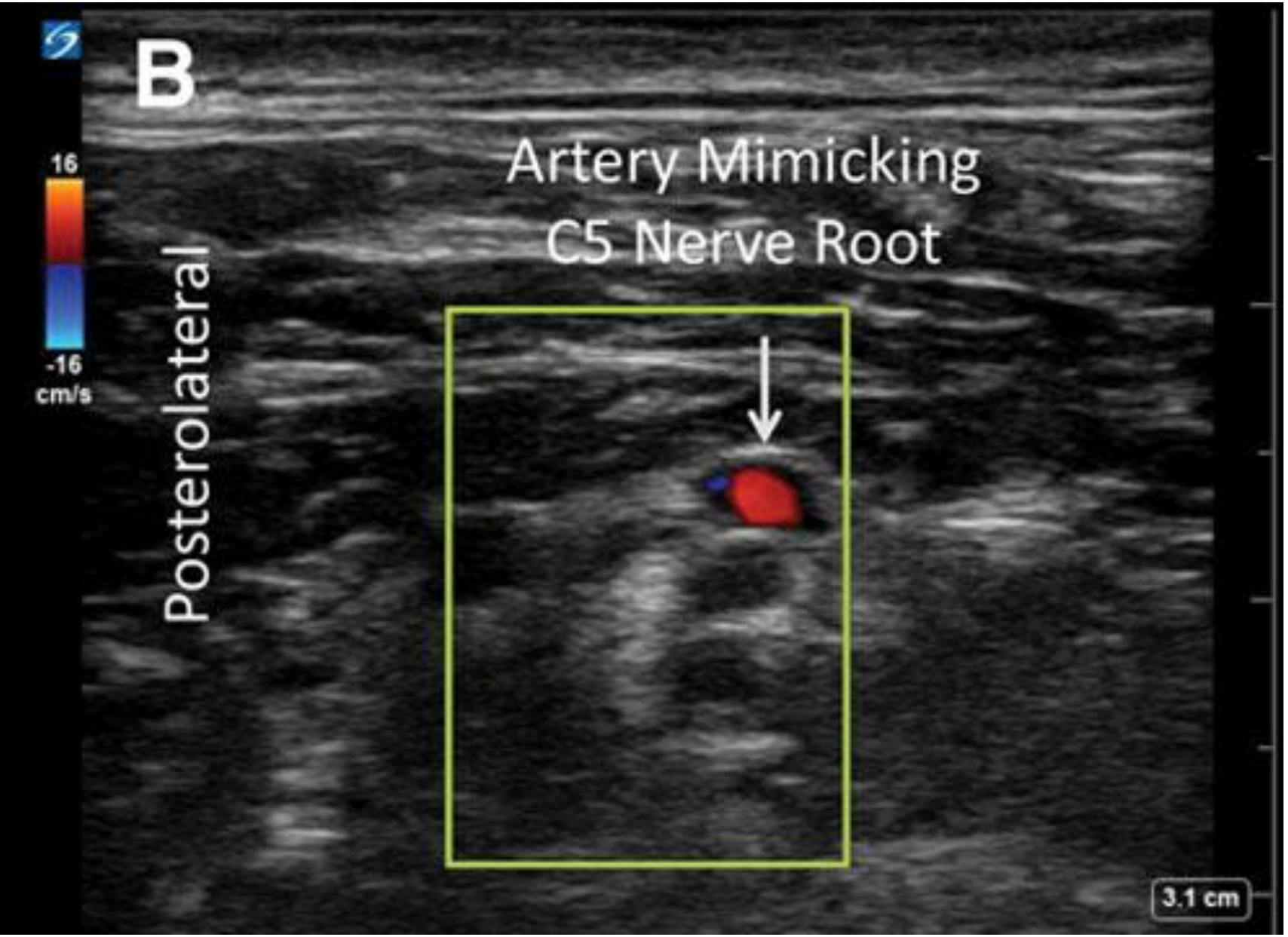
Inervace a preciznost blokády, potřeby operatéra

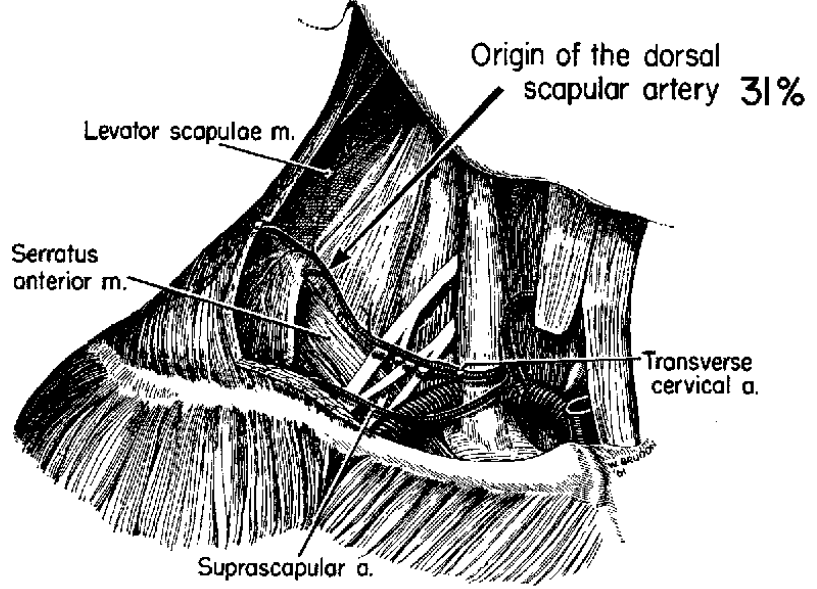
Inervace a preciznost blokády, potřeby operatéra

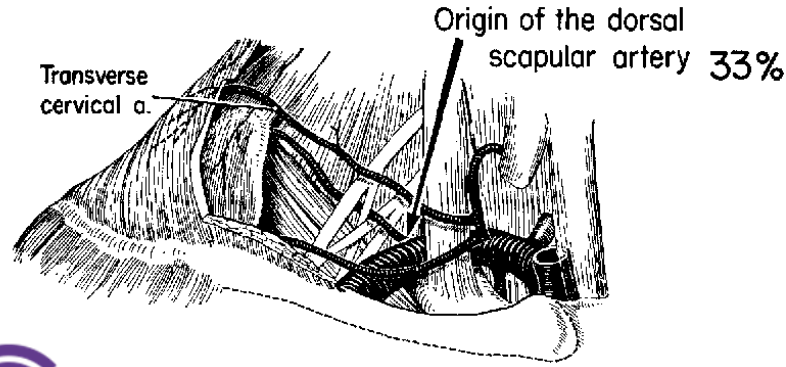





C6
C7
a
C6
b
C7
c


B
16
-16
cm/s
Artery Mimicking
C5 Nerve Root
Posterolateral
3.1 cm


Origin of the dorsal
scapular artery 31%
Levator scapulae m.
Serratus
anterior m.
Transverse
cervical a.
Suprascapular a.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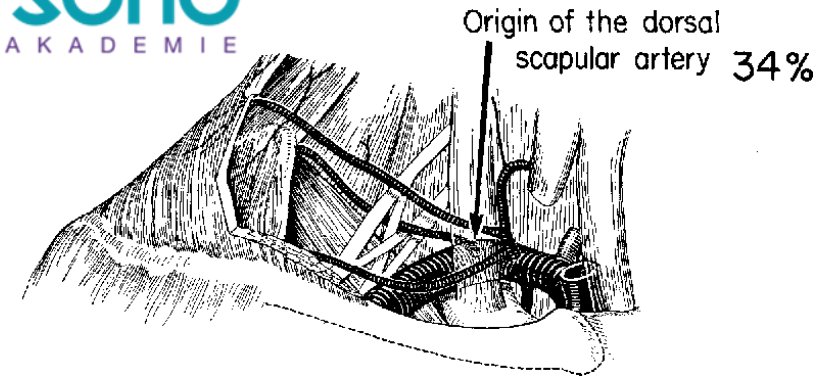
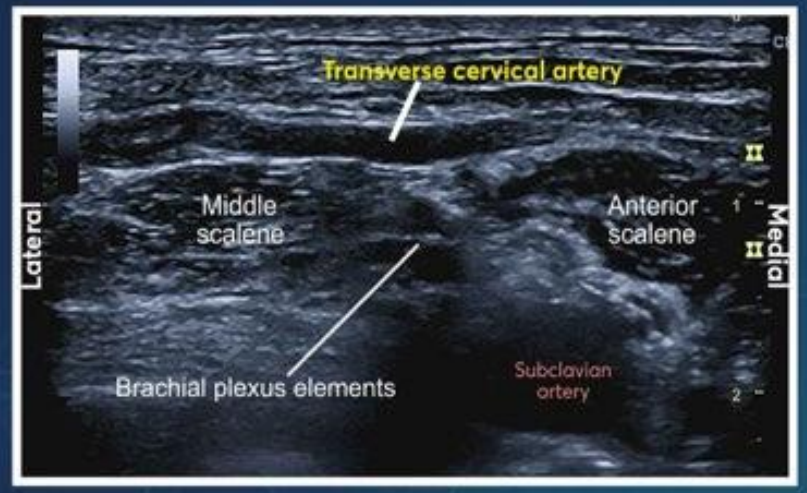
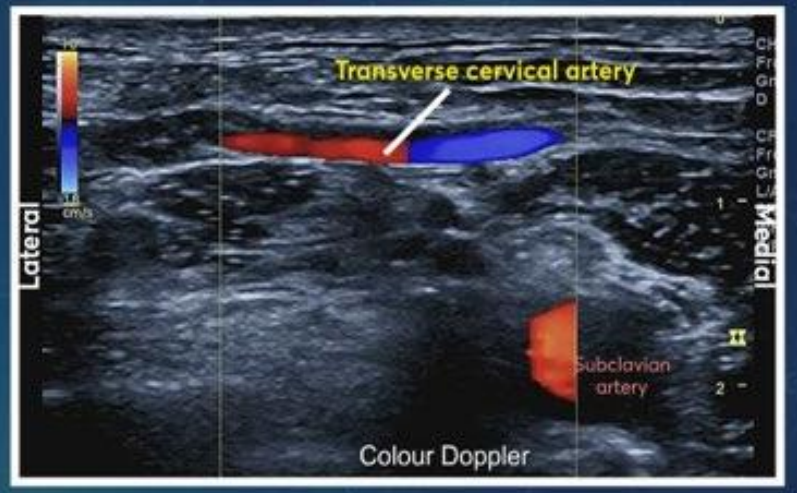
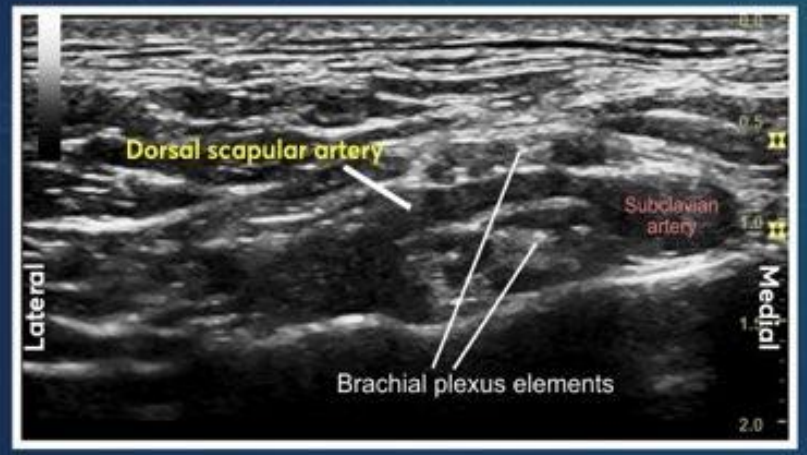

Origin of the dorsal
scapular artery 34%

Arteries *encountered during* ***"above the clavicle blocks"***





Transverse cervical artery arises from the thyrocervical trunk and crosses the brachial plexus



Dorsal scapular artery arises from the third part of the subclavian artery and runs in between the brachial plexus elements

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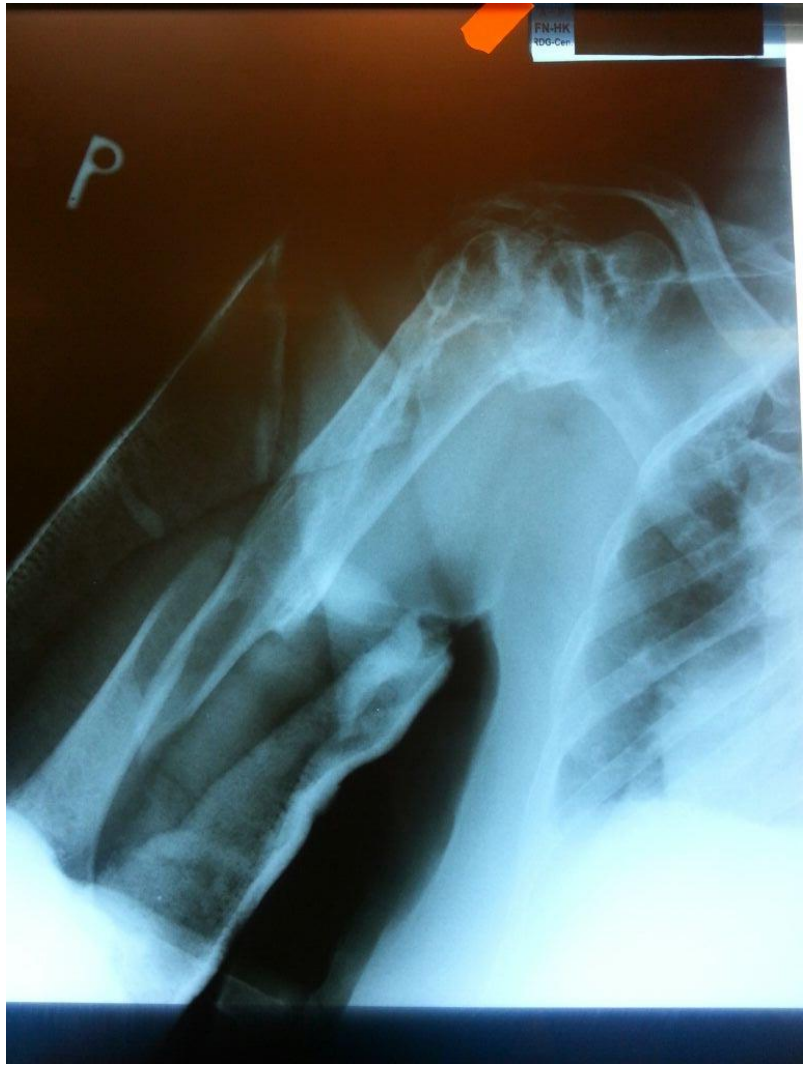
Co do hry vnese celková anestézie?

- Dokonalé vyřazení vědomí
- Dokonalé zajištění dýchacích cest ??

- Vyšší riziko těžké a rychle vznikající hypotenze
- Zajištění dýchacích cest
- Vyšší riziko vzniku polohového traumatu
- Vyšší riziko POCD ??
- Prodloužení doby anesteziologické činnosti

Take home message

- Volbu anestézie dělá jedinečný anesteziolog pro jedinečného pacienta v jedinečném okamžiku
- Každá mince má dvě strany
- Sólo regionální anestézie není zbytečná frajeřina
- Kombinace s celkovou anestézií není zakrývání neschopnosti nebo lenosti provést precizní blokádu, která bude „sedět“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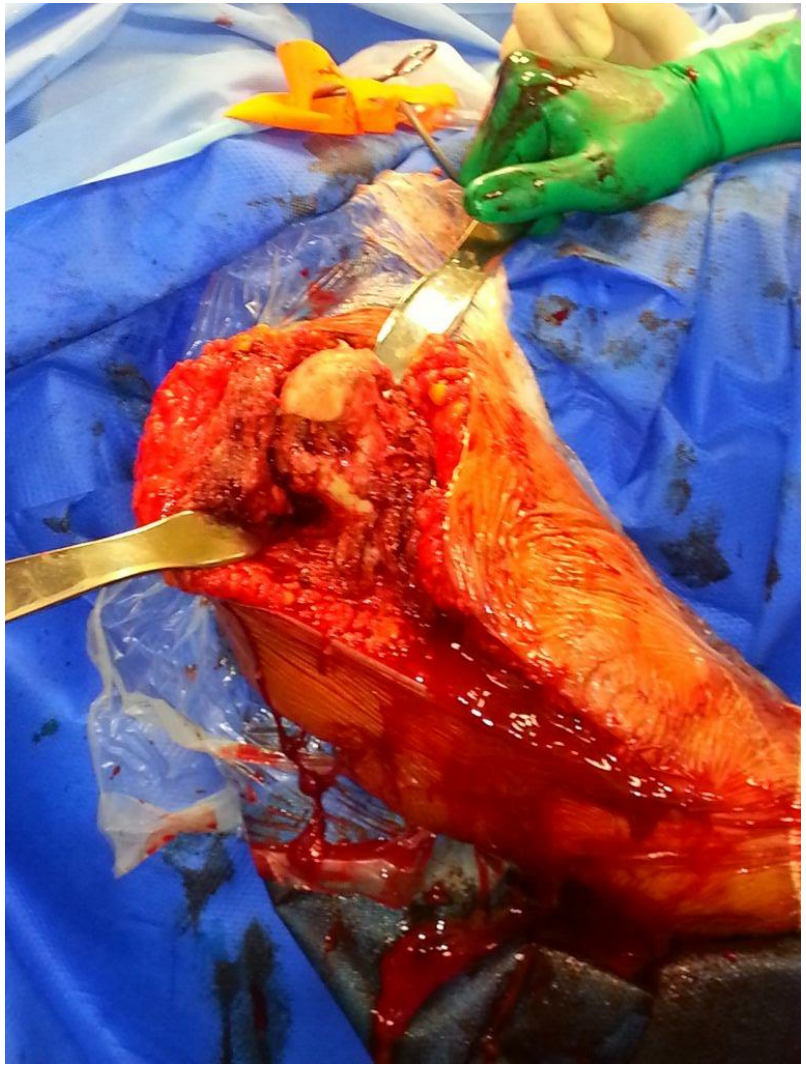

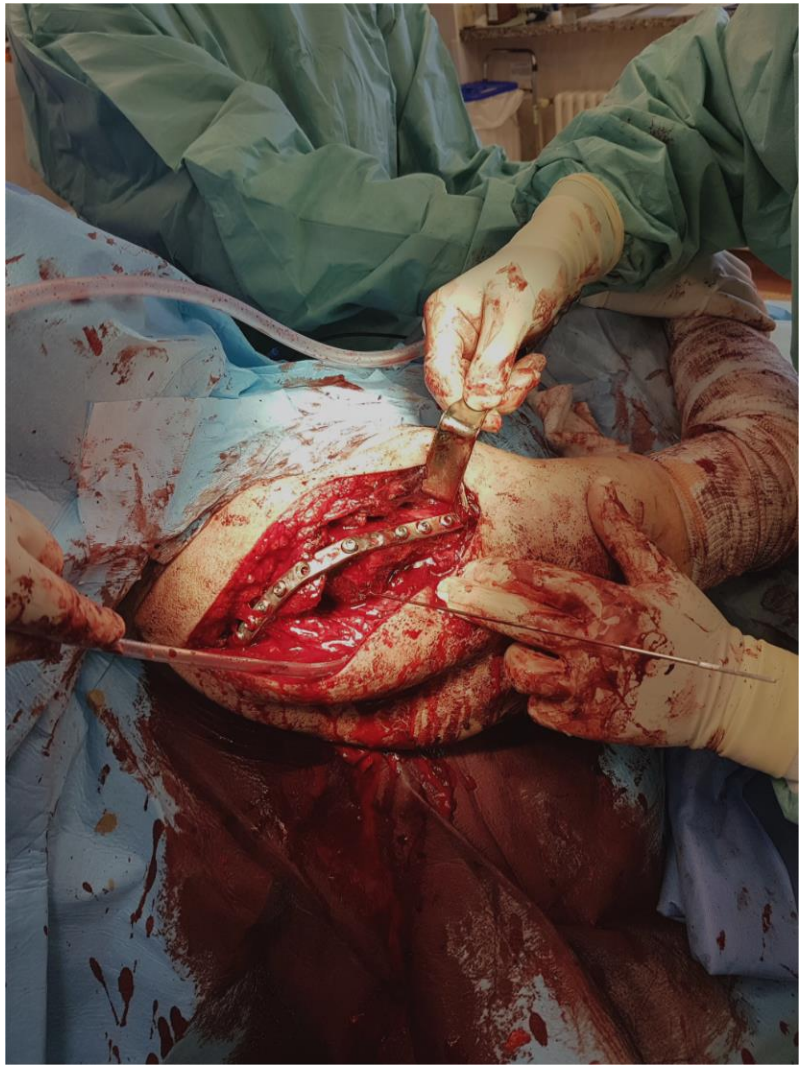

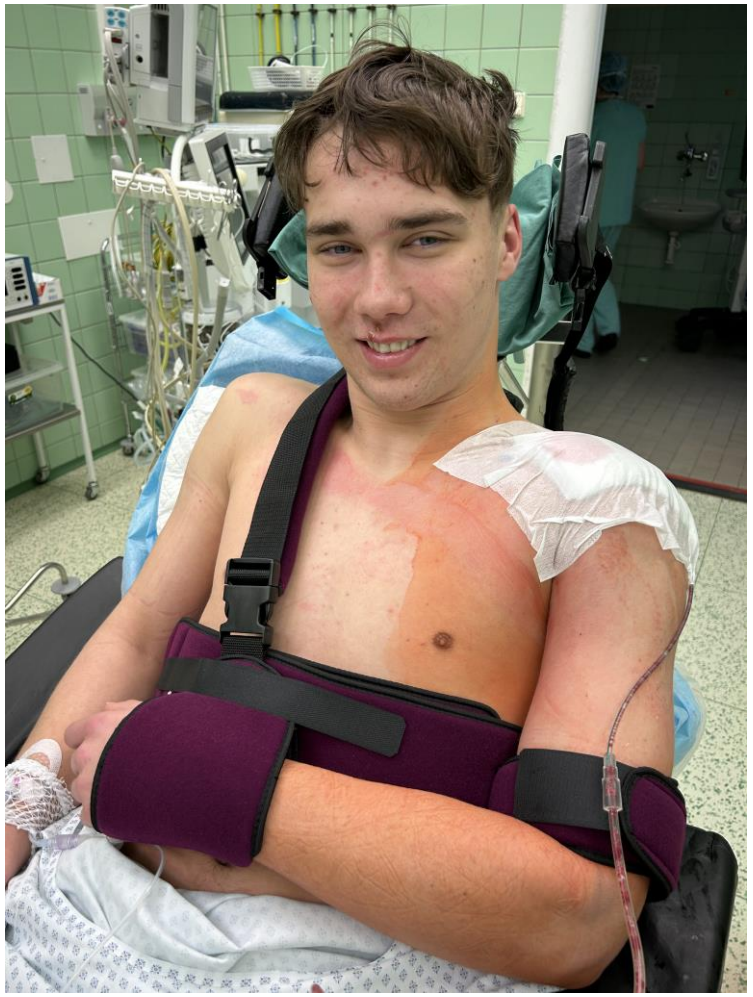

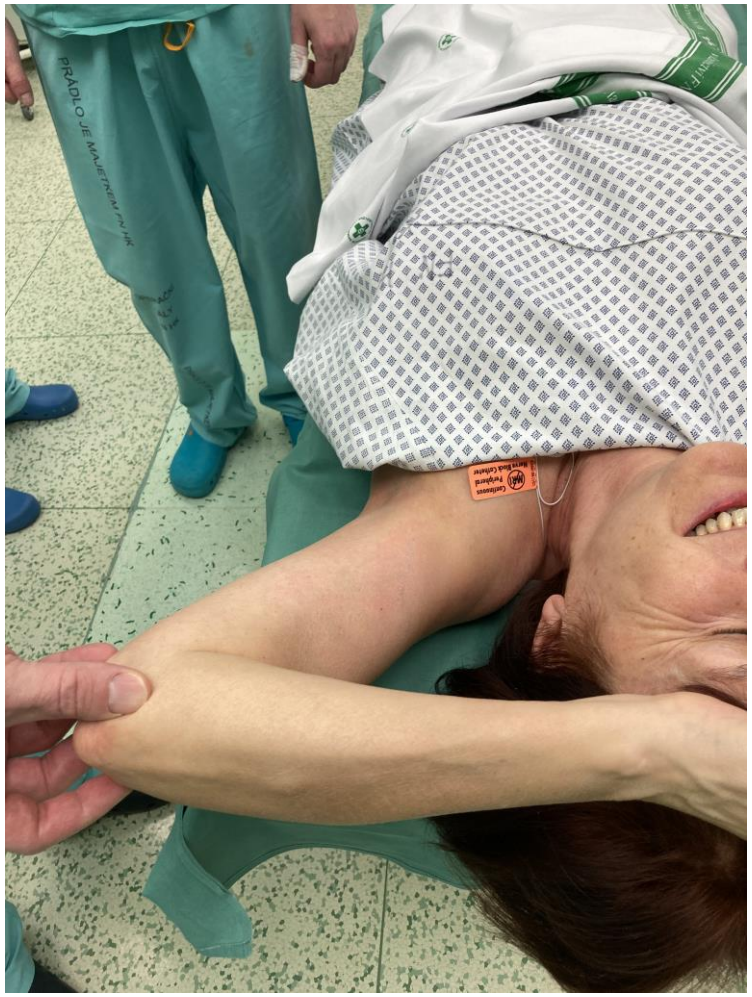
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