Essentials of Regional Anesthesia

Second Edition

Alan David Kaye Richard D. Urman Nalini Vadivelu *Editors*



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Alan David Kaye • Richard D. Urman Nalini Vadivelu Editors

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For my wife Kim Kaye, M.D., for her patience, love, and wisdom in raising our two wonderful children, Aaron and Rachel.

Alan David Kaye

For my mentors, students, and trainees for their inspiration; my parents, Dennis and Tanya; my wife, Zina Matlyuk-Urman, M.D.; and my children, Abigail and Isabelle.

Richard D. Urman

For my parents; my husband, Muthu; my sons, Gopal and Vijay; and all my colleagues and friends for their constant encouragement.

Nalini Vadivelu

Foreword

It is an enormous honor to pen this Foreword to *Essentials of Regional Anesthesia* in light of my following in the footsteps of the inimitable Professor P. Prithvi Raj, the author of the last edition's opening statement. In that regard alone, I am humbled to be next in line to comment upon the value of this extremely timely addition to our regional anesthesia armamentarium, which presents a fresh look at the evolving and expanding world of regional anesthesia.

I became immersed in the world of regional anesthesia when I sat in on Dr. Alon Winnie's address to the American Society of Anesthesiologist's Annual Meeting detailing his unique perspective on brachial plexus anesthesia in the early 1980s. Until that time there were only two regional anesthesia textbooks in common usage by clinicians, Regional Block by Dr. Daniel C. Moore from the Virginia Mason Medical Center in Seattle and Neural Blockade, Pain Management by Dr. Phil Bridenbaugh from Cincinnati along with Dr. Michael Cousins from Australia. From the moment I listened to Dr. Winnie and going forward I knew that there was no greater application of art to science in all of medicine than that presented by the challenge of providing discrete, localized, and well-circumscribed neural blockade to isolated areas of the body without engendering the trespass associated with use of general anesthesia, which up to that time continued to have a somewhat prohibitive incidence of grave consequences associated with its use. Coincidentally, while general anesthesia was about to become conspicuously safer with the advent and routine use of capnography and pulse oximetry, paradoxically instead of relegating regional anesthesia to the wayside, the popularity and utility of regional soared in the 1980s and beyond. This coincided with its own renaissance of sorts, including the practical identification that sound waves directed at a target or bundle of nerves while performing a block could enhance safety and efficacy of the procedures. In addition to safety and efficacy, ultrasound guidance empowered the meek and timid, who previously would have avoided regional block at all costs, and changed regional anesthesia from being a formidable and exclusionary practice limited to a mere few experts, to a practice that could be readily handed down from mentor to mentee with little fanfare and with extremely shallow learning curves. This is true particularly when contemporary training in regional is compared to the regional block training of the past, which relied heavily upon mastery of oftentimes imprecise percutaneous landmarks and the uncertainties of electrical neural stimulation.

Alon Winnie, like Prithvi Raj, was part of the renaissance of regional anesthesia, when in 1975 they partnered (along with Harold Carron, L. Donald Bridenbaugh, Jordan Katz) to resurrect the long-defunct American Society of Regional Anesthesia (ASRA; now known as the American Society of Regional Anesthesia and Pain Medicine), in anticipation of the resurgence of interest in regional anesthesia and pain management, recognizing that the two concepts are conjoined twins and always have been. It is no surprise and no coincidence that the great leaders of regional anesthesia have been and likely always will be experts at both pain management and in regional peripheral and neuraxial blockade. In that regard, Drs. Winnie and Raj; John Bonica and Daniel Moore; Gabor Racz and Steve Waldman; Michael Cousins and Phillip Bridenbaugh, among others, have each been considered to be world leaders not only in the domains of regional anesthesia but also in the management of acute and chronic pain conditions.

In 1999, while authoring a textbook chapter with Dr. Winnie for a novel text, *Pain Management and Regional Anesthesia in Trauma*, I was intrigued to note that Alon had included eight "postulates" concerning regional anesthesia and the expected benefits of peripheral nerve blocks, particularly when compared to use of general anesthesia or central neuraxial (spinal and epidural) types of blocks. Among his statements touting the major advantages of regional, he stated that it would...

- Provide Superior Postoperative Analgesia to Oral or IV Opioid Analgesics
- Improve Rehabilitation Efforts (due to analgesia)
- Lead to Decreased Perioperative Nausea and Vomiting (Less Opioid Use)
- · Provide for Faster Emergence and Recovery
- Encourage Earlier Mobilization (Unilateral Block)
- Unilateral, Postganglionic Sympathetic Block with Less Associated Trespass
- Contribute to Faster Outpatient Discharge
- Have Extended Benefits via Continuous Catheters

In 1999, I was hesitant to include these bold statements into the body of a work which would be widely accessible to the masses and which would contribute to our enduring materials on regional anesthesia. Nevertheless, as usual he prevailed, and the result was that each and every one of these prescient proclamations of his did indeed come to fruition over time, affirming that this regional anesthesia business was "no humbug" indeed!

The use of regional anesthesia has become a centerpiece in our war against overuse of opioid analgesics. Providing profound analgesia to our patients reduces their need for consuming narcotics while also helping them bridge the time from surgical or procedural trespass to the safety of their homes. There is an abundance of clinical and experimental evidence available that unequivocally demonstrates these essential attributes of these techniques and which is a furtherance that opioid sparing, a mandate that all practicing clinicians must confront, can reasonably and reliably be accomplished by the use of regional block techniques using local anesthetics with and without adjunctive medications. The present reference work is an affirmation of the concepts established long ago by the great leaders of regional anesthesia which has been succinctly presented in a manner most conducive to enhancing the educational process. Carefully organized into eight sections and expanded from the previous edition's 31 chapters to 39 chapters, this reference work should become a compulsory reading for anyone interested in expanding their horizons on all topics related to regional anesthesia, including basic and advanced constructs and incorporating the most up-to-date issues confronting those engaging in regional anesthesia practice. Among these are the considerations related to anticoagulation use; use of regional in acute settings such as the trauma patient; preemptive analgesia and the prevention of chronic postoperative pain; and the newer and more novel techniques of regional block popularized by the expansion of anatomical principles identified with the veritable explosion in ultrasound use.

Dr. Alan David Kaye has followed the pathways blazed by our great forefathers in combining his passions for pain management with those of regional anesthesia. After all, the lessons of the past have been transmitted to him through his unrivaled mentoring at the hands of Professors Racz and Raj, among others. These lessons permeate throughout this unique reference work, and whether the reader is a true regional anesthesia expert, is a firsttime novice intent on becoming a master, or is merely a curious scopophiliac who wishes to expand their horizons, this book will provide a wonderful passageway to accomplishing these goals. With great pride, I too have made my humble contributions, and look upon this task as a most joyous triumph of scholastic achievement.

Chicago, IL, USA

Kenneth D. Candido, MD

Preface

We are proud to present this updated 2nd edition of our popular practical guide to regional anesthesia techniques. The practice of regional anesthesia has undergone tremendous evolution in the past few decades. Until recently, older "blind" techniques were taught, and successful regional anesthetics were typically limited to a few extraordinary clinicians in each department of anesthesia worldwide. Ultrasound, electrical stimulation, fluoroscopy, and continuous catheters have contributed to a revolution in the fields of regional anesthesia and pain management. Advances in technology have changed these fields significantly, resulting in the development of formal regional anesthesia and pain fellowships. In addition, there is an increasing emphasis on regional anesthesia techniques for acute pain control in order to promote better patient outcomes.

The present field of regional anesthesia has challenged not only new residents and fellows but also older practicing anesthesiologists and other specialists to learn these new techniques and technologies in their clinical practices. Excellence and versatility in regional anesthesia can provide the means by which we better manage acute and chronic pain. Modern regional anesthesia provides hope and optimism for the comfort of future generations of patients afflicted with a wide array of medical conditions.

One of the strategies in creating this updated, evidence-based 2nd edition of *Essentials of Regional Anesthesia* was to make it practical for the clinician. To that end, we have recruited regional anesthesia experts, as well as fellowship directors and their fellows, as authors for most of the chapters in this book. We also requested that authors identify clinical pearls and help us create a databank of questions for trainees to facilitate learning of the subject material. The editors of the book agree that this has been a challenging but rewarding project. As with the first edition, we have endeavored to present the material with clarity and conciseness. Our goal has been a book of practical applicability for the anesthesia provider and others who would like to learn more about the field. Best of luck to each of you as you develop your clinical practices in regional anesthesia.

New Orleans, LA, USA Boston, MA, USA New Haven, CT, USA Alan David Kaye Richard D. Urman Nalini Vadivelu

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