

JOINT EVENT

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Efficacy of ultrasound guided popliteal sciatic-Saphenous adductor canal block versus ankle block in diabetic foot surgery

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Background: Foot is one of those parts of the body that faces so many problems such as trauma, strain, infection and other pathological conditions. Diabetes mellitus is a multi-systemic disease that affects most organs; the foot is the most vulnerable part of the body involved in the complications of diabetic syndrome. Therefore, the management of this problem is considered as a big dilemma for the anesthesiologist, orthopedic surgeons as well as the patient with regards to surgical treatment, controlling of blood sugar, foot hygiene and promoting the function of limb in the future.

Aim: This prospective study aimed to compare the effectiveness of five nerves ankle block versus popliteal sciatic with adductor canal saphenous block in diabetic foot surgery.

Results: All had full routine pre-operative investigations with Doppler ultrasound study for peripheral circulation. Patients were randomly allocated equally into two groups; group A, are those who had operation under ankle block regional anesthesia, while in group B, anesthesia was done by popliteal sciatic-saphenous adductor canal block. The outcome of this study showed significant difference between the two anesthetic techniques regarding the onset of action and efficiency of 0.75% ropivacaine in popliteal sciatic nerve block (PSNB) in comparison with five nerves ankle block. Almost all the patients and surgeons were satisfied by popliteal sciatic-saphenous adductor canal block in which there was minimal need of sedative and analgesic drugs such as midazolam or ketamine

Conclusion: The results of this study showed that popliteal sciatic-adductor canal saphenous block is more convenient and effective to provide the state of surgical anesthesia with minimal need to adjuvant sedative drugs. Best results could be obtained with the popliteal sciatic-saphenous block with only two injections instead of five; this will minimize the risk of infection as it is too far from the operative site. Also, it is faster in onset of action and provides good post-operative analgesia than ankle block.

Biography

Nawfal Almubarak is Assistant Professor of Anesthesiology, Department of Surgery, College of Medicine at the University of Basrah, Iraq. He is also the Head of Anesthesia and ICU Department at Alfayhaa General Hospital, Basrah, Iraq and a Sponsor of Iraq and Arab Board of Anesthesiology and Intensive Care. He completed his MB, ChB and Diploma in Anesthesiology and FICMS Anesthesiology under the Head of Department of Anesthesiology, Alfayhaa Teaching Hospital, Basrah.

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