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Short Communication

Old Gold Revisited: Boon for Laparoscopy in Inflammatory Bowel Disease

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ABSTRACT

Laparoscopy in Inflammatory Bowel Disease (IBD) is technically challenging resulting in high conversion rate to laparotomy. We as anaesthesiologists can aid in facilitating the surgical conditions, reduce the difficulty level and at the same time provide excellent analgesia by an age old technique which is under-utilized.

Keywords: Laparoscopy; Inflammatory bowel disease; Laparotomy; Anaesthesia

DESCRIPTION

Laparoscopy in Inflammatory Bowel Disease (IBD) is challenging due to risks associated with fragile intestinal tissue, dense adhesions, thickened mesentery and technical difficulties resulting in high conversion rate to laparotomy [1,2]. We herein describe the potential role of subarachnoid block with local anaesthetic and hydrophilic opioid which not only provides analgesia but also facilitates visualization in such difficult cases. Written informed consent, to publish was obtained from the elderly patients with co-morbid conditions require femur or hip surgery, the peripheral nerve blockade is a viable alternative to central neuraxial blockade and general anesthesia and a PNS guided combined lumbar and sacral plexus block just explains how benefits of regional anesthesia may outweigh risks of general anesthesia, epidural and a sub arachnoid block especially for hip surgery in elderly patients with aortic stenosis when the technique is carefully conducted.

A 26 yr (45 kg, 175 cm) female presented for endometrial cyst excision. She was a known case of inflammatory bowel disease with symptomatology of pain abdomen, constipation and weight loss since 2 yrs. Her acute phase reactant C-reactive protein was raised. She was started on medications: Tab Chlordiazepoxide 5 mg, Tb Clidinium 2.5 mg and Syrup Cremaffin 5 months back. On examination, she had scaphoid abdomen. Her preoperative vitals showed a pulse of 110/min, blood pressure of 95/63 mm hg and saturation of 100%. Preinduction patient was administered subarachnoid block with 5 mg Bupivacaine with 180 mcg Morphine. This was followed by standardized induction. Traditionally, neuraxial blockade has been contraindicated in these patients because of sudden and potentially profound decrease in systemic vascular resistance which may precipitate life-threatening compromise in coronary perfusion. Peripheral nerve blocks may provide ideal perioperative analgesia for these patients because they are not associated with hemodynamic instability or depression of pulmonary function. We hereby report the use of a PNS guided combined lumbar and sacral plexus block for reduction of hip fracture in an elderly patient with aortic stenosis. During the surgery technical difficulties were encountered in putting epigastric 10 mm camera port. The entire bowel was significantly inflamed and vascular (Figure 1). However, it was shrunken which improved the laparoscopic view. Gastrointestinal effects of subarachnoid block are due to disruption of sympathetic innervation from T6 to L1 which results in hyperperistalsis and contracted bowel [3].

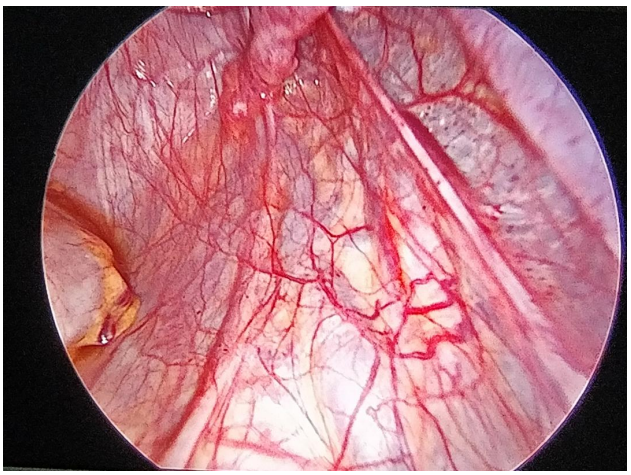

Figure 1: Significant inside view from inflamed and vascular tissue.

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Laparoscopic surgeries reduce tissue dissection, pain, adhesions, wound infections, hospital stay, better long-term outcome and are cosmetically better. However, in patients with IBD it is very technically challenging, demands higher surgical expertise to prevent conversion to laparotomy. Low dose intrathecal morphine has been utilized to provide better postoperative pain relief in laparoscopic gynecological surgeries [4].

CONCLUSION

However its advantage to provide contracted bowel in difficult cases like IBD has been underutilized. We as anaesthesiologists can utilize SAB to improve the laparoscopic visualization in patients with IBD. Vital signs and haemodynamic parameters remained stable throughout the intervention. We gave a total fluid volume of 750 mL of lactated Ringer's solution, guided by haemodynamic parameters. Estimated blood loss was 400 mL. Sensory and motor block regression was evaluated by pinprick and modified Bromage scale every hour postoperatively

CONFLICT OF INTEREST

There is no conflict of interest

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