

# REGIONAL ANESTHESIA AS PRIMARY ANESTHETIC FOR OPEN INGUINAL HERNIA REPAIR IN A PATIENT WITH SEVERE COPD: A CASE REPORT

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## Introduction:

- Anesthesia for open inguinal hernia repair can be achieved through many modalities.
- Patient comorbidities can create unique challenges in anesthetic plan.
- Ilioinguinal and iliohypogastric nerve blocks have been described as an adjunct for post-operative pain control, usually following spinal or general anesthesia (1,2).
- Neuraxial possible but improper spinal block level could anesthetize accessory muscles of respiration.
  - Dose-response curve studies show achieving a block level of T10 for the expected duration of surgery (90 minutes) may result in a T6 level (Fig. 3)(3,4,5).
- We performed open inguinal hernia repair under a primary anesthetic of ilioinguinal, iliohypogastric, and genitofemoral nerve blocks with minimal sedation.

## REFERENCES:

1)HerniaSurge Group. International guidelines for groin hernia management. Hernia. 2018.

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3) Kopacz, Daniel. "Spinal 2-Chloroprocaine: Minimum Effective Dose." Reg Anes Pain Med. 2005.

4) Zayas VM et al. "Dose Response Relationships for Isobaric Spinal Mepivacaine Using the Combined Spinal Epidural Technique." Anesth Analg. 1999.

5) Sheskey MC et al. "A dose-response of bupivacaine for spinal anesthesia." Anesth Analg. 1983.

## Case Presentation:

