

A respiration-preserving anesthetic approach for gastrostomy tube placement in an ALS patient with pulmonary compromise

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Patient

81 years old with amyotrophic lateral sclerosis (ALS). Tachypneic with FVC 40% and dependent on NIPPV. Pleasant, cooperative.



School of Medicine

Regional anesthesia, in conjunction with a sedative that preserves respiratory drive and airway reflexes provides a **safe and effective alternative** to general anesthesia for **G-tube placement** among select **ALS** patients.



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Background

G-tube placement is commonly indicated in ALS patients given progressive dysphagia and concern for aspiration.

Ventilatory failure and increased sensitivity to anesthetic medications cause concern for planning.

Anesthetic Interventions

- Bilateral rectus sheath blocks (2x 15 cc 0.25% ropivacaine)
- Left transversus abdominus plane (TAP) block (20 cc 0.25% ropivacaine)
- 0.8 mcg/kg dexmedetomidine
- SQ local anesthetic at surgical site

Outcome

G-tube was successfully placed. No agents associated with respiratory depression were required.