

Surgeon-placed Continuous Peripheral Nerve Block Catheter Management for Hemipelvectomy

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Introduction

- Hemipelvectomy surgery is typically done under general anesthesia with neuraxial for post-operative analgesia
- In a patient with contraindications to neuraxial, surgeon-placed PNCs are a great option

Results

- 51-year-old male with a 18cm osteosarcoma of the left hip complicated by pulmonary embolism on therapeutic enoxaparin
- Neuraxial and lumbar plexus catheter were contraindicated due to the therapeutic anticoagulation
- Surgical team secured two perineural catheters to the left femoral and sacral plexus epineurium with 6-0 prolene under direct visualization
- Postoperatively, APMS maintained the catheters with infusions of 0.2% ropivacaine at 8ml/hr, with patient-controlled boluses of 3mL every 30 minutes and an oral multimodal pain regimen
- Patient remained comfortable on an oral MMPR with minimal narcotic requirements
- Femoral nerve catheter was removed on POD 7
- Sacral plexus catheter was replaced during a washout on POD 7 and then removed 6 days later

Discussion

- Surgical placement of PNCs is an older technique described for other major oncologic resection amputations,²⁻⁴
- In complex surgeries where traditional techniques like NA are impossible or contraindicated, surgeon-placed PNCs with coordinated anesthesiologist management can be an excellent alternative.
- This joint effort between anesthesia and surgical teams allowed for a comfortable, opioid-sparing recovery

Hemipelvectomy for a patient on therapeutic anticoagulation...

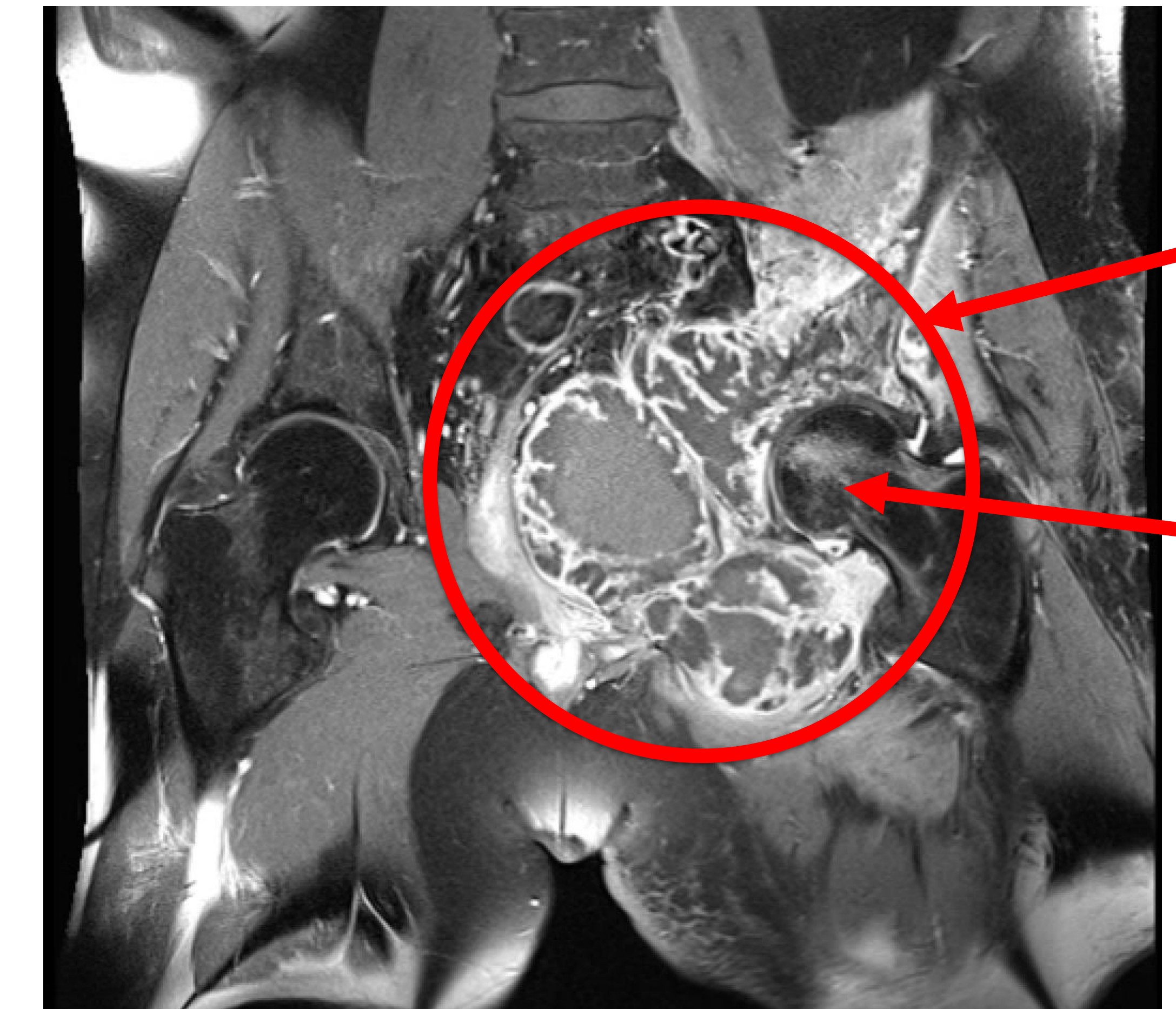
X Neuraxial

X Pre-operative ultrasound-guided peripheral nerve block

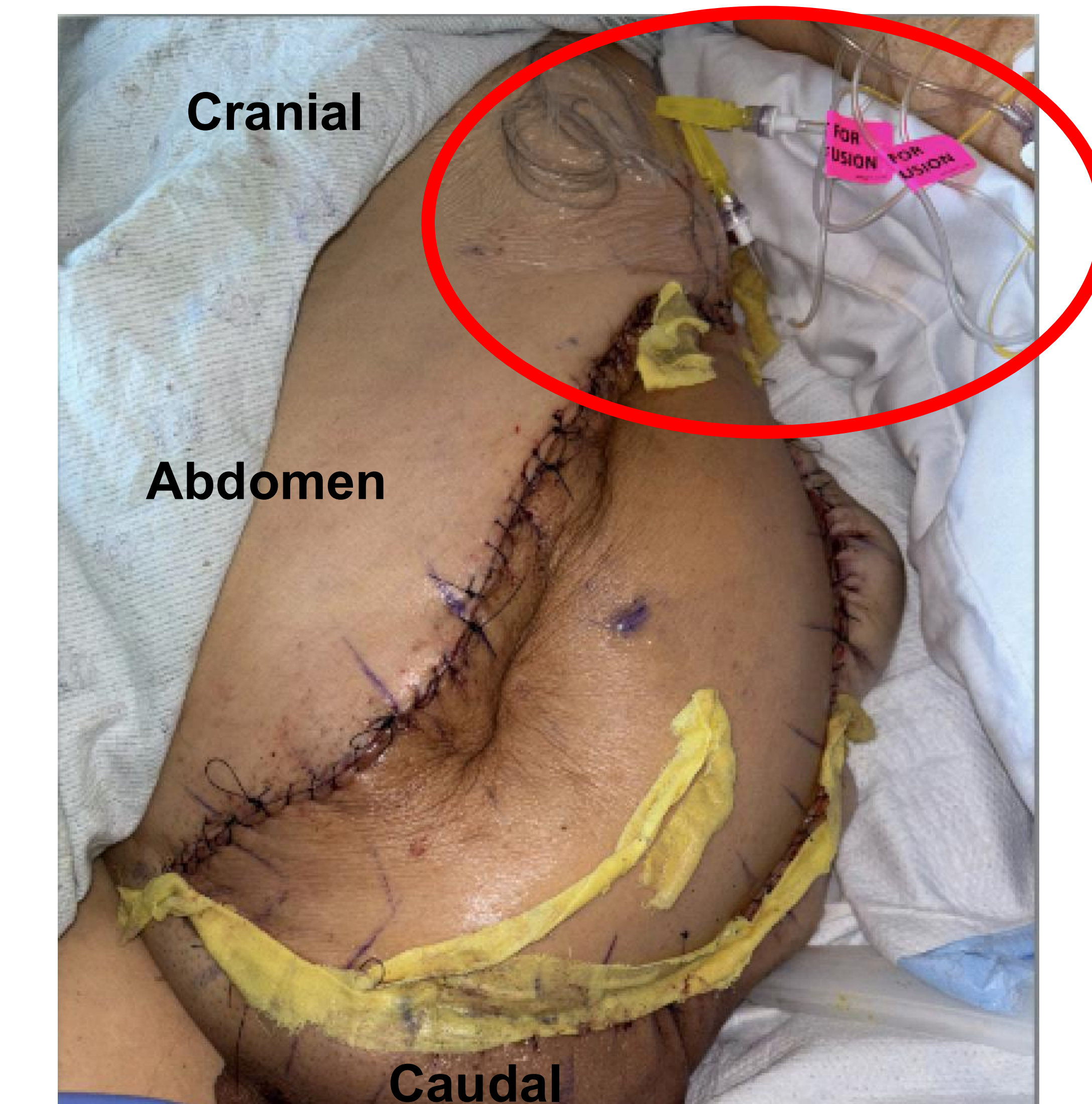
✓ Intra-operative surgeon-placed peripheral nerve block catheters



Scan for full abstract!



Complete involvement of the left hemipelvis and extraosseous extension into the pelvic floor



Post-operative surgical site after hemipelvectomy and limb amputation with peripheral nerve catheters secured at the top