

Regional Anesthesia as Primary Technique for Left Inguinal Hernia Repair in a Patient With Severe Cardiopulmonary Disease



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86-year-old male **ASA IV**

- Severe **COPD**, Home oxygen: 6L/min
- Severe **pulmonary hypertension**
- Moderate **aortic stenosis**
- History of pulmonary embolism

Urgent condition: Bowel obstruction
Incarcerated left inguinoscrotal hernia



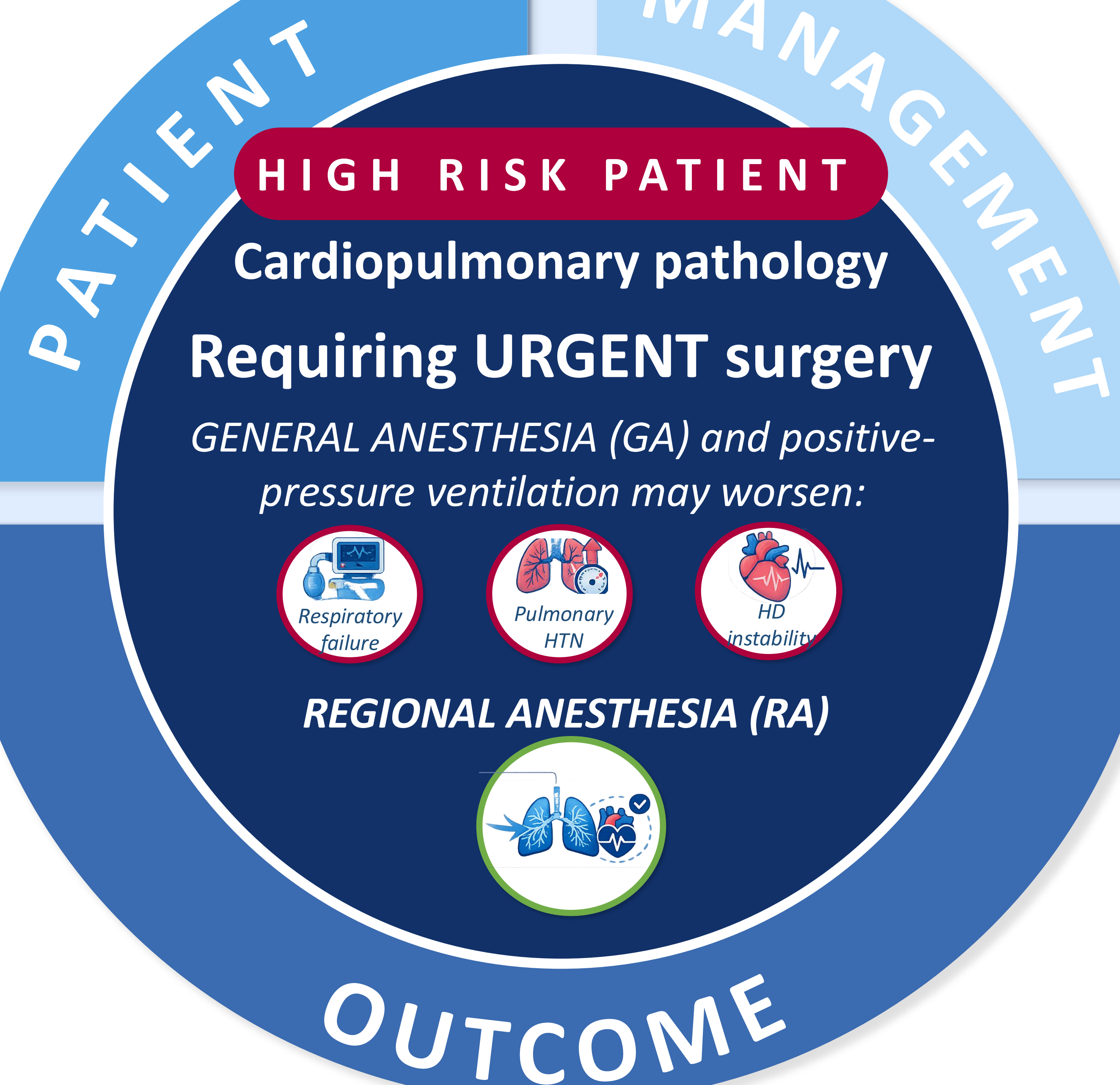
INTRATHECAL MORPHINE

- L3-L4 level
- 150 mcg

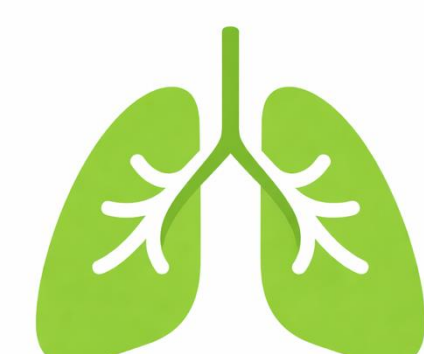
PARAVERTEBRAL BLOCK

- Left side, T11
- 20 mL bupivacaine 0.5% + 2mg dexamethasone

Multimodal analgesia, RA and sedation
Propofol, ketamine, lidocaine, dexmedetomidine



INTRAOPERATIVE



Spontaneous ventilation
oxygen nasal cannula



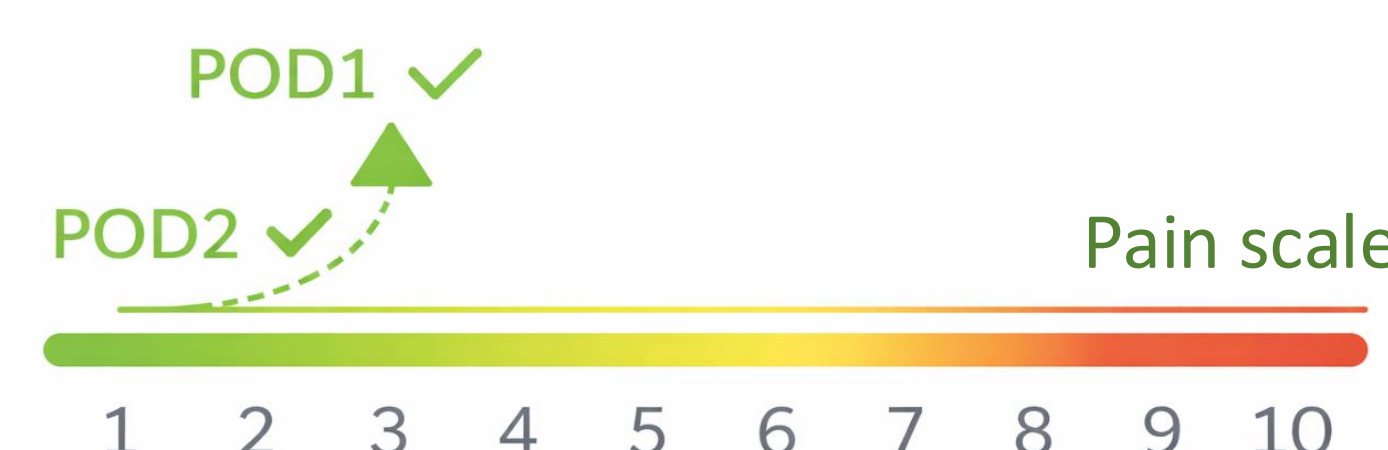
Hemodynamically stable
minimal vasopressor support

- ✓ Successful **open inguinal hernia repair** with mesh
- ✓ No conversion to GA
- ✓ Only one phenylephrine bolus

POSTOPERATIVE



No opioid requirements



Respiratory status **unchanged** from baseline



CONCLUSIONS

Combined intrathecal morphine and paravertebral block provided:

- ✓ Effective **surgical anesthesia**
- ✓ **Opioid-sparing** postoperative analgesia
- ✓ Preservation of **spontaneous ventilation**
- ✓ Minimal **hemodynamic** disturbance

Regional anesthesia may be a valuable option for urgent abdominal surgery in carefully selected high-risk cardiopulmonary patients