Post-operative Lumbar Meningomyelocele Repair Patients Undergoing Lower Limb Surgeries: Case Series of Seven surgeries performed under Lumbo-Sacral Peripheral Regional Anaesthesia

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CASE SERIES: 7 PATIENTS
- SEVEN post-meningomyelocele repair patients
- Mean age 4-11 years
- Scheduled for correction of
  - Club Foot (three)
  - Talus Valgus (one)
  - Tibial Hemimalia (one)
  - Tibial Osteotomy with soft tissue release (one)
  - Triple arthrodesis (one)

PRE-OPERATIVE EVALUATION
- Sensory/ motor weakness of lower limbs
- Presence of bladder bowel dysfunction
- Coping characteristics with regard to pain
- Renal function derangement
- Requirement of early post-operative mobility

XRAY: POST-OP LUMBAR MMC

SURFACE MARKING: LATERAL POPLETEAL APPROACH

ASSESSMENT: 48 Hrs post-operatively
- Sensory/ motor evaluation
- VAS scores for pain assessment
- Rescue analgesics
- Patient/ parental satisfaction rate
- Complications
  - Hematoma
  - Infection

RESULTS
- Psoas compartment block attempted in one patient was converted to Fascia Iliaca block
- Excellent intra and post-operative anaesthesia and analgesia were obtained in all patients
- No deterioration in sensory/ motor power was noted
- Break-through pain in patients without perineural catheters was controlled with paracetamol/ diclofenac IV/ PO/ PR
- No complications were observed

CONCLUSION
Operated cases of lumbar Meningomyelocele may have adhesions/fibrosis at epidural and Lumbosacral plexus level, wherein neural structures maybe more prone to further damage with central neuraxial needle-based techniques

SCIATIC NERVE BLOCK
- Parasacral approach in one patient
- Subgluteal in four patients
- Lateral popleetal in one patient
- Labat in one patient

CONCLUSION
Sciatic – Femoral Blocks are safe as the site of needle insertion is away from primary insult site i.e. central neuraxis and Lumbo-sacral rootlets

REFERENCES: