

Regional anaesthesia in babies and children

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Regional Anesthesia for Babies and Children

Fortunately, these problems are extremely rare and are more likely related to surgical complications.

Regional Anesthesia in Babies and Children

Technique Although axillary block techniques are not well described in the literature, ultrasound-guided axillary techniques used in adults can be applied in children. Ester-type Local Anesthetics Due to their short duration of action and propensity to cause allergic reactions, the amino esters eg, procaine, 2-chloroprocaine, tetracaine are the least commonly used group of local anesthetics. Outcome Evaluation for Intervertebral Epidurals Several investigators have determined that preprocedural use of ultrasound may fairly reliably determine the depth required to reach the epidural space.

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Even so, some questions remain. However, there are concerns about young children undergoing multiple procedures or longer surgeries greater than three hours.

Ultrasound Imaging for Regional Anesthesia in Infants, Children, and Adolescents

The current manuscript reviews the literature pertaining to the use of 2-chloroprocaine for regional anesthesia in infants and children. The largely cartilaginous posterior vertebral column of neonates and infants enables good beam penetration to view the spinal structures and can in some cases enable a view of the needle tip trajectory and catheter tip. In fact, great caution has been recommended regarding the use of air for this purpose by many international authorities in the field of pediatric regional anesthesia.

[Regional anesthesia in children]

A short bevelled needle is directed perpendicular to the abdominal wall 1 cm medial to lateral edge of rectus muscle.

Regional Anesthesia in Babies and Children

Abstract Advances in the field of paediatric regional anaesthesia have specific applications to both acute and chronic pain management.

Local and regional anaesthesia in infants

Bupivacaine Bupivacaine is an isomer with both l- and d-enantiomer, the d-enantiomer causing most of the adverse effects that are seen in humans. The most common ester local anesthetics used in infants and children are chloroprocaine and tetracaine. J Clin Anesth 1993;5: 129—133.

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