

COMBINED LUMBAR SPINAL-EPIDURAL ANAESTHESIA (CLSEA) WITH HYPERBARIC 0.75% ROPIVACAINE PLUS CLONIDINE FOR BREAST AND ABDOMINAL-PELVIC PLASTIC SURGERY. AN OPEN TRIAL

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**Aim of the study.**

To determine the usefulness of CLSEA with hyperbaric 0.75% ropivacaine-clonidine for breast lift-augmentation, and abdominoplasty, lower body lift, or abdominal liposuction.

Methods: 25 females, ASA I, 20- 54 years were included. They were premedicated with lorazepam 2 mg, clonidine 0.1 mg. L2-3 or L1-2 lumbar blocks were done; a cephalic oriented epidural catheter was placed, followed by a subarchnoid injection of 22.5 mg of hyperbaric 0.75% ropivacaine + clonidine 30 mcg, done at the same lumbar space. Patients were positioned on dorsal decubitus, and Trendelenburg inclination was given, as needed to produce upper sensitive block up to T2-3. If needed, the first epidural dose of 0.5% ropivacaine was injected 150-180 min after the spinal block, or before if the patients have pain.

**Results.**

All patients but one had excellent-good anesthesia. Upper mean dermatome was T2 (T3-C5), time to reach T2 dermatome 20 min ( $\pm$  8 min), time to reach maxim dermatome level was 23.3 min ( $\pm$  7.6), 2 dermatomes regression time 135 min ( $\pm$  27.8). Complete lower extremities motor block was achieved at 7 min  $\pm$ 12 min. 14 cases received 1 epidural dose, 1 patient needed a second epidural dose at 6 h. Four patients had hypotension, and 3 developed bradycardia.

**DISCUSSION.**

Lumbar CLSEA with hyperbaric 0.75% ropivacaine-clonidine reached up to T1-2 dermatomes. When needed, the abdominal-pelvic surgery was performed under lumbar extradural blockade with 0.5% ropivacaine. Hypotension was the most common side effect. Using this lumbar approach, we were able to avoid general anesthesia.