LETTER TO THE EDITOR

Technical Difficult Subarachnoid Block in a Morbidly Obese Patient: Ultrasound Guidance and Improvisation is the Key to Success

Sir,

Subarachnoid block (SAB) in obese patients is challenging due to obscured anatomical landmark. We report one such case of a morbidly obese gentleman, when use of ultrasound (USG) and an improvisation of the technique helped us for a successful spinal pucture for SAB.

A 21-year, 105 Kgs (body mass index 40.38 Kg/m²), man was posted for anterior cruciate ligament repair under SAB. He had history of snoring and a predicted difficult airway. Pre-procedural USG (spine) was done to mark the appropriate lumbar interspace and find the depth of posterior complex (around 73 mm). Initial few pricks with long spinal needle (LSN) of Quincke bevel (25G, 120mm) failed. The needle was found to be bent on removal, so we decided to use a spinal needle as a long introducer for repeat attempt with another LSN. A wide-bore spinal needle was unavailable, so a 18G spinal needle (90mm, Mercury™) was procured from arthroscopy equipment. After generous infiltration of lignocaine along the needle path, the 18G spinal needle was inserted till it got engaged in interspinoius ligaments, taking care to leave around 3-4 cm outside. The repeat SAB with LSN through the 18G introducer needle was successful in first attempt (Figure 1). Further anesthetic management and the surgical procedure was uneventful.

PATIENT’S CONSENT:
Informed consent was obtained from patient to publish the data concerning this case.

CONFLICT OF INTEREST:
The authors declared no conflict of interest.

REFERENCES
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