

Title-Cervical Epidural Anaesthesia: is it safe alternative

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Abstract:-

The use of cervical epidural anaesthesia (CEA) in present day anaesthesiology practice is very limited. It is because of fear of associated complications and requirement of high level of skill. Despite the inherent technical risks and systemic changes, it has been used for thyroid, breast, airway, carotid artery, upper limb and other head and neck surgeries. Advantage of CEA over General anaesthesia include a reduced peri-operative stress response, lower blood loss, less postoperative analgesia, lower cost and early ambulation & oral intake.

Shanthanna et al published a systemic review article on cervical epidural analgesia in current anaesthesia practice in which they mentioned rationale of its use, reported surgical indications and method of use. A recent report also demonstrated increased cancer free survival in laryngeal and hypo-pharyngeal cancer surgeries.

The most common surgical indications are for carotid surgeries and upper limb surgeries. Importantly, most studies with large sample size involved carotid surgeries.

D.K. Singh et al performed a study in IMS, BHU, Varanasi over 50 patients undergoing Modified radical mastectomy for breast cancer which revealed very few systemic effects but risk of accidental dural puncture was reported in very few patients.

For technical point of view, many of studies used loss of resistance technique to either air/saline, or hanging drop in sitting/ lateral decubitus position. But recently, few studies also used fluoroscopy or USG guided technique.

CEA affects different organ system of body like respiratory, circulatory and others.

In conclusion, CEA can only be considered in extensive carotid artery surgeries and possible oral-hypo-pharyngeal cancer surgeries. So clinical use of CEA must have a strong rationale- mostly supported by unique patient demands and surgical requirements.