CLI Therapies – LINCed !

HOW TO ADMINISTER A POPLITEAL NERVE ANAESTHESIA BEFORE AN INTERVENTION

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Disclosure

Speaker name:

Steven Kum

I have the following potential conflicts of interest to report:

☐ Consulting
☐ Employment in industry
☐ Stockholder of a healthcare company
☐ Owner of a healthcare company
☐ Other(s)

✓ I do not have any potential conflict of interest
Utility of Nerve Block for Peripheral Intervention

1. *Facilitating Intervention*
   - Pain control
     - CO2 angiogram
     - Retrograde access (Open or percutaneous)
     - High pressure POBA
     - Fasciotomy
     - Simultaneous wound debridement
   - Paralysis (No movement of ankle and most of knee) ➔ better pictures

2. *Post procedure analgesia*
Intervention and Debridement in Hybrid room
- Nerve block administered before intervention
Immediate debridement and minor amputation after LimFlow with Popliteal Block
Anatomy and Coverage
Local Anaesthetic is infiltrated to surround the nerve in a “Halo” of anaesthetic.
Equipment

Time to administer Block – 10 min

Onset of Action – 10 – 15 min
Drugs

100 mg 1% Lidocaine ie 10 mls (No Adrenalin)

50 mg 0.5% Bupivacaine/Marcaine ie 10 mls (No Adrenalin)

0.9% Normal Saline ie 10 mls
SAPHENOUS NERVE BLOCK – BELOW KNEE APPROACH
Precautions of Nerve block

1. Nerve damage (rare)
   - Identify anatomy with US
   - Use appropriate blunt needle
2. LA toxicity
3. Fall risk (loss of motor function)
4. Bleeding (rare) – can be done with Dual Antiplatelet and even anticoagulant
5. Absence of pain may mask bleeding in compartments during intervention
CO2 Angiogram – Optimed Bag system
Open Retrograde

The open retrograde approach as an alternative for failed percutaneous access for difficult below the knee chronic total occlusions—A case series
High Pressure NC Angioplasty
Caution – No Pain with Perforations

*ie* “Silent Perforations”
Faciotomy

Immediate closure of Fasciotomy wound over a drain

Double Perf !
Summary

• Routine interventionalist administered nerve block for CLI:
  – Facilitates HP POBA with no pain
  – Allows retrograde approaches
  – Allows simultaneous wound management

• Routine in my practice and is **invaluable tool**, avoiding problem with sedation/GA in a high risk patient
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