

PATIENT BACKGROUND

56 y/o male. 6'1" 131 kg's (288 lbs)

Past medical history: HTN, sleep apnea (not wearing cpap), DM2, hyperlipidemia

Procedure: Left total knee arthroplasty

OPERATIVE EVENTS

Spinal placed preoperatively. CSF visualized prior to injection and after injecting 1 mL of 0.75% Bupivacaine. 2 mL total 0.75% Bupivacaine

Leg movement upon application of electrocautery requiring conversion to general anesthesia

Tourniquet on left leg intraoperatively (total time 1 hour and 6 minutes)

Pain: Received 1 gram intravenous Acetaminophen intraoperatively and no opioids. Denied any pain in recovery room. Able to move lower extremities bilaterally.

An Atypical Case of Incomplete Spinal Anesthesia

SUBDURAL BLOCK

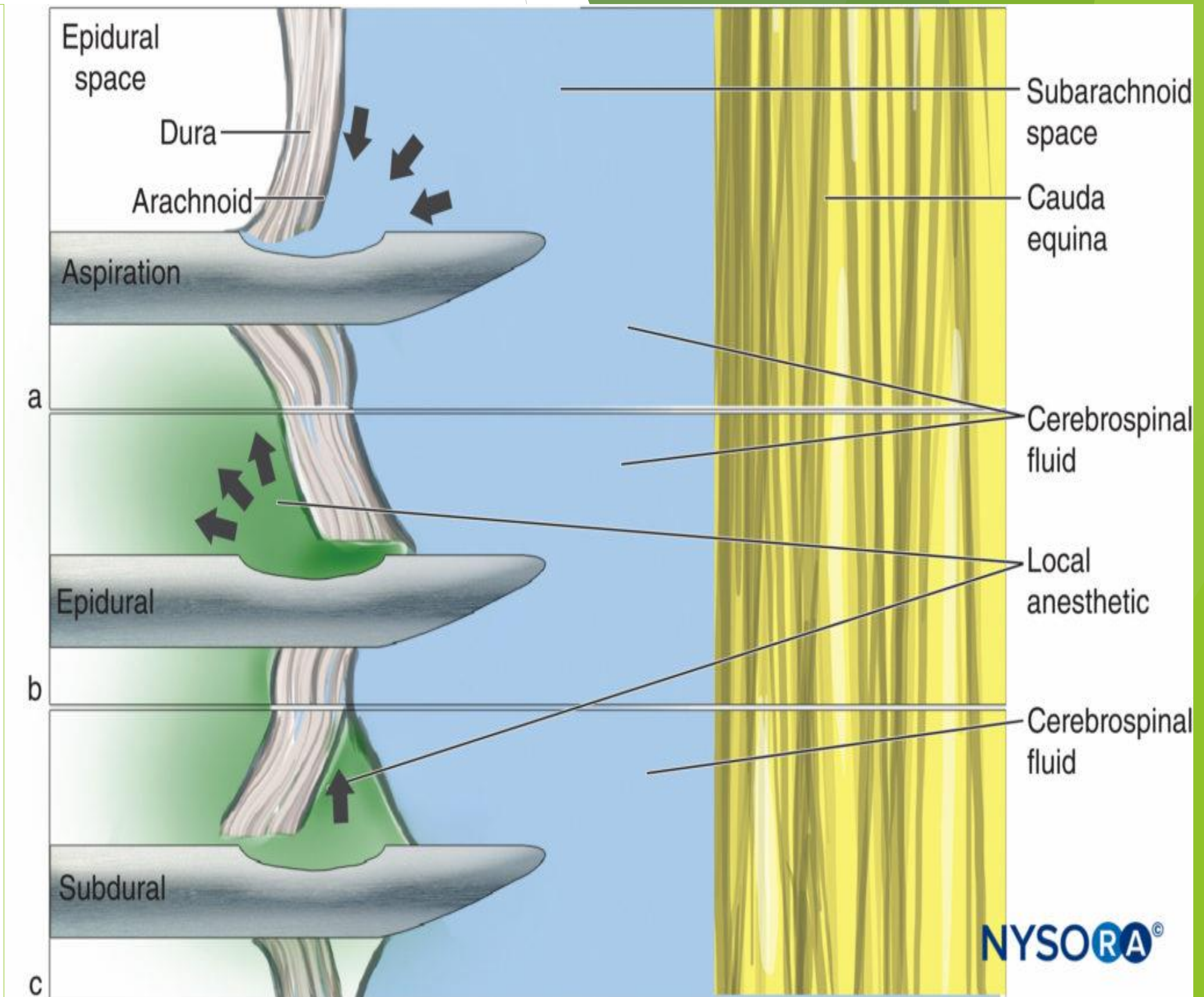
Complication of epidural or spinal

Presents as sensory block sparing sympathetic and motor (but sometimes may get some motor and autonomic effects depending on volume)

Subdural injections seen in 1-13% CT myelograms

Proposed Cause: Arachnoid mater can act as flap valve. Arachnoid matter attaches proximal to dorsal root ganglia whereas dura is distal to it. Subdural injections pool into posterior segments sparing anterior nerve roots.

Numerous case reports with epidurals, fewer with spinals.



Source: NYSORA.com