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Surgery under regional anesthesia

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Regional anesthesia remains underutilized as an anesthetic technique in the United States. Despite recent studies suggesting the clear benefits of regional anesthesia, it continues to be used primarily for postoperative analgesia often as part of a multimodal approach. Improvements in ultrasound guidance technology have, however, expanded the use of regional anesthesia techniques. New developments emphasize the ease of performance and reliability of successful peripheral nerve blockade as well as improvement in patient outcomes. In the elderly patient, regional anesthesia may also decrease the incidence of postoperative cognitive decline so commonly associated with general anesthesia. In this presentation, we will describe the use of peripheral nerve blocks for upper extremity procedures as well blocks performed for specific lower extremity surgeries. We will also highlight the use of peripheral nerve blocks as part of a multimodal analgesic approach in Acute Postoperative pain managements. We will review the most common brachial plexus nerve blocks (interscalene, supraclavicular, infraclavicular and axillary) as well as the lumbar plexus blocks and sciatic nerve blocks. Indications, contraindications and complications of these peripheral nerve blocks will be reviewed as part of our sessions. Regional anesthesia offers significant advantages for ambulatory surgery. In fact, the use of peripheral nerve blocks for upper and lower extremity surgery provides intraoperative anesthesia and prolonged postoperative analgesia. Neuraxial blockade is also useful in the outpatient setting, especially in patients with obstructive sleep apnea and other comorbidities. In that effect both spinal and epidural anesthesia not only provides excellent anesthesia, maintain alertness while decreasing the incidence of postoperative nausea and vomiting.

Biography

Jean Daniel Eloy is Assistant Professor of Anesthesiology and Residency Program Director at Rutgers-New Jersey Medical School. He is a graduate of New Jersey Medical School and UMDNJ-NJMS Anesthesiology residency. He completed a Clinical Fellowship in Regional Anesthesia and Acute Pain Medicine at the University of Pittsburgh and developed the Acute Pain Management and Regional Anesthesia Service at University Hospital. He received numerous awards for teaching and excellence in patient care.

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