



## Abstracts

### Axillary blockade of the brachial plexus. Incidents and complications

S Ortega, C Gómez-Muñoz, L Muñoz, JP Ortega, MA García-Enguita, P Arauzo, A Solanas

*Cir May Amb* 1998;3(4):248–253

**Objectives:** The axillary blockade of the brachial plexus (BPB) is a broadly used technique for the surgical interventions of the hand and/or forearm, but there are few bibliographic references about the incidence of complications due to the blockade. The objective of this article is to review the incidence of neurovascular complications during the practice and in the immediate postoperative period following BPB, as well as to evaluate the efficacy of the method. **Subjects and methods:** One hundred and thirty-five patients were studied; they were operated on the hand and/or forearm, by axillary BPB either as an elective surgery or as an emergency. The axillary blockade of the brachial plexus was carried out with a needle with bevel edge of 30° and size 18 G connected to a nerve-stimulator, and mepivacaine was used as a local anaesthetic. **Results:** Paresthesiae appeared during the puncture in 2.22% of cases and it was bloody in 3.70%. The blockade was effective in 90.4% of patients. The nerve that needed supplementary blockade with more frequency was the median one in 3.35% of cases. During the immediate postoperative period, 12 patients (8.88%) had paresthesiae. **Discussion:** The axillary BPB is an easy technique to carry out, and a very useful one in the surgery of the hand and/or forearm, but it is not free of complications; although they are generally light, they should not be underestimated but correctly valued.

### Spinal anaesthesia with mepivacaine for ambulatory surgery

J Castillo Monsegur, M Arilla Montanuy, JC Cabrera Ruiz-Lopera, F Escolano Villén, J Castaño Santa

*Cir May Amb* 1998;3(4):254–258

The aim of this study was to evaluate spinal anaesthesia with 25 G Whitacre needles using mepivacaine in ambulatory surgery. **Methods:** One hundred and twenty-one surgical operations under subarachnoid block with 25 G Whitacre spinal needles were studied retrospectively. A dose of 45–90 mg of mepivacaine was used according to the type of surgery. The following parameters were considered: postoperative length of hospital stay, number of patients requiring admission before discharge, number of patients coming to the emergency unit after discharge, readmission rate and factors inducing these parameters. **Results:** The male-to-female ratio was 61/60 with a mean age of 52.4(17.4) years and ASA status I–III. Anaesthesia was inadequate in one case, requiring deep sedation. The mean postoperative length of stay was 265 ± 60 min (range 133–441). The readmission rate before discharge was 10.7% (13 patients), and two patients (1.65%) came to the emergency unit after discharge: one suffering from sphincter incontinence following

an anal procedure, and the other having problems with the wound dressings. Both of them left hospital within a few hours. One patient presented pain in the lumbo-sacral region and lower extremities. No patient in the group experienced post-dural puncture headache. Readmission rate was 0. **Conclusion:** This study shows that spinal anaesthesia using mepivacaine is a safe and effective technique for day case surgery.

### Ocular hypertension prevalence at the Hospital de Sant Joan day-case unit

P Romero, O Espeso, I Martínez, D Del Castillo

*Cir May Amb* 1998;3(4):259–263

**Purpose:** The ocular hypertension in cataract surgery has been well described, and can be hazardous to visual outcome in patients with pre-existing compromised optic nerve vasculature (patients with open-angle glaucoma, high myopia, or diabetic retinopathy). In the present study, we determined the prevalence of acute intraocular pressure in our day-case surgical unit. **Methods:** Two hundred and three patients were submitted at cataract extraction from May 1995 to March 1996, in the ambulatory unit of our hospital. All patients were submitted to extracapsular cataract extraction with lens implant, all received preoperatively a drop of timolol maleate (0.5%) 1 h before surgery, and 0.5 ml of acetylcholine chloride was irrigated at the end of surgery. Postoperative controls included a rest in a reanimation unit for 6 h, a home control by a nurse the next day and a hospital control at 48 h after surgery. Ocular tension controls were carried out with a Perkins tonometer at 6, 24, and 48 h, and at 5 days postoperatively. **Results:** Patients mean age was 71.80 ± 9.03, 49.26% were males and 50.7% were females. The postoperative ocular hypertension occurred in 63 patients (31.03%). In the high risk group (patients diagnosed of open-angle glaucoma, high myopia and diabetic retinopathy), ocular hypertension was present in 18 patients (42.85%). The ocular tension was higher than 30 mm Hg in 25 patients (12.31%). Mean age and sex were not significant epidemiological factors. **Conclusions:** The high prevalence of ocular hypertension in cataract surgery is a factor that will lead us to a strict ocular tensional control after surgery, specially during the first postoperative 8 h.

### Oral ambulatory surgery. A two years experience

A Rodríguez-Armijo Sánchez, MJ Romero Álvarez, BM<sup>a</sup>J Camelo Ordaz, BS León Ferrera, PA Gallardo García

*Cir May Amb* 1998;3(4):264–267

The aim of this article is to present our guides and the results obtained in an oral ambulatory surgery pilot program, after 2 years of experience and 347 operations done in a Peripheral Speciality Centre.

### Conservative and haemodynamic treatment of the venous insufficiency on an ambulatory basis

L del Campo Senosiain, M<sup>a</sup>E del Campo Pena

*Cir May Amb* 1998;3(4):268–271

The CHIVA (cure Conservatrice et Hemodynamique de l'Insuffisance Veineuse en Ambulatoire) is a new surgical technique for the treatment of the varicose veins in inferior extremities. This article exposes the issues of the technique and explains the result and the experience that was attained with this method in 200 extremities. In conclusion, with this new method, the results are satisfactory. The advantage over the stripping procedure is mainly a lesser surgical trauma that allows one to make it in an ambulatory basis. The inconvenience is that it needs an eco-Doppler.

### What is the input of short stay surgery to the ambulatory surgical units?

JM Villar del Moral, JB García Martos, JM Martín Ruiz de la Herrán, J García Rubio, JM Hernández García, PM Ruiz Lorenzo, JT Torres Alcalá

*Cir May Amb* 1998;3(4):272–276

*Introduction:* In our country, the different units that practice ambulatory surgical techniques have different attitudes about short stay hospitalisation. Some work exclusively as 'day clinics', while others have facilities for 24–48 h stay. In our unit, the ambulatory and short stay surgery have coexisted since its founding. The implications and consequences of such coexistence are analysed. *Material and Methods:* We have checked the medical records of patients that underwent surgical operations in a satellite and multidisciplinary unit from its creation in May 1992 to April 1997. We have assessed participating specialities, type of operation, anaesthesia and hospitalisation, substitution indexes and morbidity. *Results:* In that period, 20.532 patients were operated on:

10.647 underwent minor surgical procedures, and 9.885 belong to the ambulatory and short stay surgery group. Of these, 5.009 were operated on by the General Surgery team, two-thirds treated on an ambulatory basis and the other third with 24 h hospitalisation. The pathologies more frequently treated were abdominal wall hernias, benign proctologic cases, pilonidal cysts and soft tissue tumours. The overall substitution index for these operations was 53% (78% if the short stay patients were included). *Conclusions:* In a unit with appropriated facilities, the development of short stay surgery programs will permit one to work with less rigid exclusion criteria, including more patients and procedures more complexes, increasing their case-mix and substitution indexes.

### Laparoscopic cholecistectomy. A retrospective survey on 147 cases

E Córdoba Díaz de Laspra, J Bernal Jaulín, L Lahuerta Lorente, A Martínez Germán, E Gonzalvo, C Ceballos Alonso, P García Fabián, V Ferreira Montero

*Cir May Amb*, 1998;3(4):277–281

We present a retrospective study involving 147 laparoscopic cholecystectomies carried out in section 'A' at the Department of General Surgery at the Hospital Miguel Servet from November 1991 to March 1997. The objective of this report was to evaluate the use of laparoscopic procedures in a section with high attendance pressure. We present a series of 147 patients, 110 were women and 37 men, with a mean age of 49.2 (range 40–70). One hundred and twenty patients (81.4%) did not report surgical antecedents. Twenty-five patients had had an infraumbilical laparotomy and two patients had had a supraumbilical laparotomy. The most frequent symptom of presentation was biliary colic (74.48%). The preoperative study included: hepatic enzymes (normal in 74%), abdominal ultrasounds, preoperative biliar endoscopic cholangiography in four cases, with stones removed in one case and without abnormality in three cases. We conclude that laparoscopic cholecystectomy should be available to all general surgeons, being a reliable technique on basis of the surgical responsibility of all surgeons.