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Letter

Spinal bupivacaine and clonidine for orthopaedic and general paediatric surgery in remote location

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Paediatric surgical care is deficient in developing countries and is often supported by foreign Non-Governmental Organisation (NGO). Performing safe paediatric anaesthesia in such a country is a technical challenge for anaesthetist working in remote locations. The aim of this letter is to describe our experience of spinal anaesthesia aboard a hospital ship setting on Brahmaputra River for orthopaedic and general paediatric surgery. The Lifebuoy Friendship Hospital and its crew provide primary care at around 500 000 people and only accessible by river. Interventions are requested in children with congenital talipes equinovarus (clubfoot) or sequelar spasticity (hemiplegia and tetraplegia) or general surgery including hernia repair or testis surgery. Twenty five ASA 1-2 children were operated in October 2015 for orthopaedic surgery; the average age was 7± 5 and the average weight 18 ±10. In April 2016 43 ASA 1-2 children were operated for general surgery with an average age 8 ± 5 and an average weight 21 ± 10.

After control of fasting, 4 mg/kg of IM ketamine were administered to procure adequate sedation (2). After IV line setting, spinal anaesthesia was administered in the lateral position with an assistant to maintain good positioning and reassure the child while performing the block and to ensure the adequacy of the airway. Monitoring included BP and oxygen saturation. Patients received spinally via a 25 gauge needle, clonidine 1mcg/kg and bupivacaine 0.3-0.4mg/kg. Anaesthesia lasted over 120 min and analgesia around 6-8hours. No significate hypotension or bradycardia was observed and children were discharged in an ambulatory setting with oral paracetamol and diclofenac for pain control. They were