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YAŞAMSAL TEKNOLOJİ



[P-706]

Title: Caudal Anesthesia for Pediatric Surgeryi a Retrospective Analysis and Review of Literature

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Background

Caudal epidural block is one of the most commonly applied regional anesthetic technique in pediatric population. It is widely used either for anesthetic or analgesic purposes in lower abdominal and lower extremity surgeries.Caudal anesthesia is a remarkably safe method, but serious complications can be encountered, like intrathecal or intravascular injection, resulting in total spinal block and systemic toxicity, respectively. Other complications include block failure, subcutaneous infiltration, intraosseous injection, rectal puncture, and myonecrosis. When caudal anesthesia is used as a sole method to provide surgical anesthesia, it helps sparing general anesthesia and prevents side effects of drugs used, including prolonged recovery. Time for the patient's recovery is shortened, as decreased postanesthesia recovery unit expenditures.

In this study, it was aimed to make a retrospective analyze of pediatric surgery operations; in which approximately quarter of the anesthesia procedures were caudal blocks.

Material and methods

A total of 1042 patients having operation in pediatric surgery clinic were screened between January 2012 and December 2013. Data consisting of the patients' age, sex, surgery type, anesthesia and airway control routes; as well as durations of anesthesia, operation and recovery were collected.

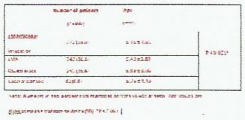
Results

Of 1042 patients 937 were selected for further analysis. Subumblical surgeries were only selected. Multiple operations and unsuccessful caudal blocks were excluded. Caudal anesthesia was applied to 240 patients. Difference between ages was statistically significant, and the patients having caudal block formed the youngest group with mean age of 3.83 years (Table 1). The patients with caudal and local anesthesia spent significantly less time in the postoperative recovery unit, $P < 0.001$ (Table 2). Of 246 caudal blocks performed, only six were insufficient for surgery as a sole method.

Conclusion

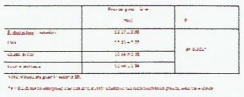
Patients with caudal blocks have faster discharge times compared with general anesthesia, thus reducing recovery unit expenditures.

Table 1



Distrubition of the patients regarding anesthesia application

Table 2



Postoperative recovery unit length of stay of the patients