



UPDATE IN ANAESTHESIA



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EDITORIAL

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The Role of Spinal Anaesthesia in Developing Countries.

Professor Nicholas M Greene, Dept. of Anaesthesiology, School of Medicine, Yale University, USA

Regional anaesthesia, although popular in certain centres in developing countries, is generally poorly accepted in these areas as a reliable, economical means for providing operative anaesthesia. Perhaps this is understandable in the case of complicated nerve blocks such as ankle blocks and femoral and sciatic blocks for operations below the knee. This may also be understandable for blocks of lumbar plexus or of the brachial plexus using the supraclavicular approach. The same may be said for continuous spinal or epidural techniques that require catheters both hard to obtain and expensive. But failure of single-injection spinal anaesthetic techniques to achieve richly deserved popularity is difficult to understand given the obvious advantages with which such simple, straightforward, effective, safe and even inexpensive techniques are associated.

The present "mini-review" of spinal anaesthesia offered by Drs. Ankorn and Casey is such a paragon of lucidity, completeness, and good common sense as to be beyond the need for trivial tinkering or amplification. It says what needs to be said and leaves unsaid what needs not to be said. It is recommended for **close** reading by anaesthetists everywhere but perhaps especially those in developing areas where spinal is so infrequently employed.

There is, undeniably, an art, a skill associated with

Contents: No 3

Editorial
Spinal anaesthesia
Physiology - Control of Heart Rate
Drawover anaesthesia - Practical Aspects
- Equipment Care
Pharmacology - Morphine
Clinical Dilemma
Equipment - Aneroid Sphygmomanometer

spinal anaesthesia. There is an art, a skill associated with learning to ride a bicycle or learning any anaesthetic technique. But practice makes perfect. The more spinal anaesthetics one gives, the easier they are to give and the greater the level of success. Any truly competent anaesthetist, physician or paramedical, must be expert in spinal anaesthesia as well as in general anaesthesia if the manifest advantages of spinal anaesthesia are to be provided to all patients. The anaesthetist not fully comfortable with spinal anaesthesia should attain the requisite level of competence by purposefully giving spinals every time he or she can reasonably do so, even if spinal anaesthesia may not be the only anaesthetic technique indicated. By giving spinal anaesthesia even once or, better, twice a week, the anaesthetist will, by the end of the year, be an expert whose skill is requested for patients in whom spinal anaesthesia is the technique of choice. The anaesthetist who knows how to give a good spinal will also enjoy a more rewarding and professionally interesting day-to-day practice.

Instead of giving the same general anaesthetic 500 times a year, he or she will enjoy the professional stimulation of varying the type of anaesthesia based

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on patient condition, type of operation proposed, and the quiet self-confidence that comes with experience using the champagne of anaesthetics:

spinal anaesthesia. How to attain this requisite level of skill and art is neatly described in this update on the subject. Read it and believe it.