



BLOCK CHARACTERISTICS AND HAEMODYNAMIC EFFECT OF LITHOTOMY POSITION FOLLOWING SPINAL ANAESTHESIA FOR PERINEAL SURGERIES

IDEHEN, H.O.* AND OCHOKPE, C.O.

Department of Anaesthesiology, University of Benin Teaching Hospital,
Benin City, Nigeria

ABSTRACT

Misconception of the effect of lithotomy position after induction of spinal anaesthesia has been a subject of debate. Anecdotally in our centre patient undergoing perineal surgeries are usually left for some time after spinal anaesthesia in the supine position before they assume lithotomy position. This assumption is to prevent possible higher sensory block height causing haemodynamics instability. Fifty patients were randomized into two groups (supine and lithotomy). Spinal anaesthesia was established with 2.4 ml of heavy bupivacaine and 25 µg of fentanyl. Maximum sensory block height and incidence of hypotension were compared between the groups. There was no difference in the incidence of hypotension, mean intraoperative systolic blood pressure and block height between the groups. The incidence of hypotension in the supine and lithotomy position were 38 and 32 respectively (p value 0.31). It is needless to wait, while a patient is placed in supine position immediately after spinal anaesthesia is established before they finally assume the lithotomy position.

Keywords: Lithotomy, perineal surgeries, supine positions, spinal anaesthesia

***Correspondence:** idehenhanson@yahoo.com