

Perioperative Anaesthetic Management of Bladder Extrophy Patient

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ABSTRACT:

Reconstruction of bladder extrophy in infants and small children requires immobilization, sedation and pain management to prevent distracting forces from compromising the repair. We present 15 cases operated for bladder exstrophy in paediatric surgery workshop in January 2016. All Patients underwent surgery under combined epidural and general anaesthesia technique. Tunnelled epidural catheters were inserted in all patients and intermittently injected Inj. Bupivacain 0.25% (1ml/kg body weight). Postoperatively a continuous infusion with Inj. Bupivacaine and Inj. Dexmedetomidine was administered with syringe pump for 5 days. Intravenous fluid management was done with clinical parameters, counting the wet mobs and proper vigilance. Blood transfusion was given at the time of osteotomies. Perioperative management with tunnelled epidural catheter were resulted in an excellent cosmetic repair and pain relief with no case of bladder prolapse or wound dehiscence.

Keywords: Caudal Catheter, Dexmedetomidine, Infant, Local Anaesthetic Drug.

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