16 ml 2% lignocaine with adrenaline. Surgery uneventful with minimal hemodynamic perturbations. Time taken for 2 segment regression of sensory block in this case was around 245 minutes.

Conclusions A continuous caudal catheter placed under ultrasound guidance can be considered as a safe modality for providing anesthesia/analgesia in parturients with a difficult spine anatomy.

Background and Aims Regional blocks as sole anaesthetic techniques are gaining importance, particularly in patients with extensive comorbidities, where general anaesthesia is high risk. Blocks for surgeries involving neck are more challenging and carry high risk due to the presence of vital structures around. This report describes anaesthetic management of awake para-thyroidectomy with bilateral cervical plexus block in a high risk patient.

Methods 81-year old male with history of CAD for 20 years, past MI, CABG with 3 grafts, chronic heart failure, poor functional capacity, NYHA class III, uncontrolled hypertension, TIA thrice in the past, hypercholesterolemia, fatty liver with deranged liver functions and stage 3 CKD, has been posted for elective para-thyroidectomy for refractory hypercalcemia. He was evaluated in preoperative clinic, options of anaesthetics discussed and decided for regional technique. On the day of surgery, he was made to lie down with 30° head-up tilt, standard AAGBI monitors connected, iv cannula inserted, aseptic precautions undertaken, neck ultrasound performed, ‘Stop before the block’ adhered to; Left Superficial cervical plexus block performed with 50mm NRfit needle viewing needle in-plane with ultrasound using 10ml 0.5% levobupivacaine. The same procedure is repeated on right side.

Results After 15 minutes waiting time, block assessed at surgical site with pin-prick. After ensuring that block quality is good, he was started on conscious, arousable sedation with propofol ‘Stop before the block’ adhered to; Left Superficial cervical plexus block performed with 50mm NRfit needle viewing needle in-plane with ultrasound using 10ml 0.5% levobupivacaine. The same procedure is repeated on right side.

Conclusions Bilateral cervical plexus blocks can be used as sole anaesthetic technique in experienced hands for selected patients, particularly high risk ones.

Background and Aims Regional blocks as sole anaesthetic techniques are gaining importance, particularly in patients with extensive comorbidities, where general anaesthesia is high risk. Blocks for surgeries involving neck are more challenging and carry high risk due to the presence of vital structures around. This report describes anaesthetic management of awake para-thyroidectomy with bilateral cervical plexus block in a high risk patient.

Methods 81-year old male with history of CAD for 20 years, past MI, CABG with 3 grafts, chronic heart failure, poor functional capacity, NYHA class III, uncontrolled hypertension, TIA thrice in the past, hypercholesterolemia, fatty liver with deranged liver functions and stage 3 CKD, has been posted for elective para-thyroidectomy for refractory hypercalcemia. He was evaluated in preoperative clinic, options of anaesthetics discussed and decided for regional technique. On the day of surgery, he was made to lie down with 30° head-up tilt, standard AAGBI monitors connected, iv cannula inserted, aseptic precautions undertaken, neck ultrasound performed, ‘Stop before the block’ adhered to; Left Superficial cervical plexus block performed with 50mm NRfit needle viewing needle in-plane with ultrasound using 10ml 0.5% levobupivacaine. The same procedure is repeated on right side.

Results After 15 minutes waiting time, block assessed at surgical site with pin-prick. After ensuring that block quality is good, he was started on conscious, arousable sedation with propofol ‘Stop before the block’ adhered to; Left Superficial cervical plexus block performed with 50mm NRfit needle viewing needle in-plane with ultrasound using 10ml 0.5% levobupivacaine. The same procedure is repeated on right side.

Conclusions Bilateral cervical plexus blocks can be used as sole anaesthetic technique in experienced hands for selected patients, particularly high risk ones.