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### Spinal Anesthesia

**REGIONAL ANESTHESIA AND RENAL TRANSPLANTATION** In 1962, the first report of anesthesia for renal transplantation was published. It was felt that continuous spinal anesthesia was a technique of choice. The use of regional anesthesia for this procedure has declined in recent years. Even when the patient is under adequate control, potential hazards for both general and regional anesthesia exist. Lack of renal drug excretion (neuromuscular blockers), potential electrolyte and acid-base abnormalities, bleeding disorders, peripheral neuropathy, increased incidence of serum hepatitis, hypertension, and anemia must all be considered. The authors report the use of single-dose high spinal anesthesia in 64 patients undergoing renal transplantation. Tetracaine and dextrose were used: 18-20 mg tetracaine were used in tall patients, 14-16 mg in shorter patients (usually female or teenaged). Epinephrine (0.2-0.4 mg) was also used. A level of T4-T6 was sought. Thirty-three patients required intravenous sedation; 2-5 ml of Innovar and 5-10 mg diazepam produced adequate sedation without loss of conscious-

ness. Supplementation was necessary in all procedures lasting longer than two hours. An additional 27 patients received N<sub>2</sub>O by mask; they were drowsy but easily aroused. General anesthesia was needed by only four patients (three with thiopental-N<sub>2</sub>O and one with halothane). Although arterial blood pressures decreased by more than 25 per cent at some time during the procedure in 33 patients, this posed no difficulty. The only neurologic sequel was urinary retention lasting one month in a single patient. The authors conclude that this technique provides a number of major advantages: 1) Worry about untoward effects of neuromuscular blockers is avoided; 2) Lack of need for tracheal intubation while excellent surgical conditions are maintained; 3) Ease in the management of patients who have full stomachs; 4) Lack of interaction of acidosis and hyperkalemia with anesthetic and adjuvant drugs; 5) A conscious, reactive, comfortable patient in the postoperative period. (*Linke CA, Merin RG: A regional anesthetic approach for renal transplantation. Anesth Analg (Cleve)* 55: 69-73, 1976.)