ILEOSTOMY TAKEDOWN IN THE OUTPATIENT SETTING: FACILITATED BY THE PARAVERTEBRAL BLOCK AS A PERIOPERATIVE INTERVENTION

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Background: After ileostomy takedown, tolerating PO intake and return of bowel function as quickly as possible is desired. Notably, the narcotics used to control pain for such a procedure can actually cause PONV and/or slow return of bowel function. In an effort to minimize narcotic administration, and avoid such potential side effects, paravertebral block (PVB) using local anesthetic is a consideration for analgesia.

Methods: We present to you an IRB approved retrospective review case series. Our successfully managed patients undergoing ileostomy takedown in our outpatient surgery setting, benefited from a multi-modality anesthetic approach blending PVB and general anesthesia. All the patients in this report are status post colectomy for adenocarcinoma. For each patient in this case series, PVB was performed: IV access obtained, routine monitors placed, and oxygen administered via face mask, sedation provided. PVB was performed, with patient in sitting position, at various indicated levels, per Greengrass & Steele technique(1). After confirming PVB efficacy, patients underwent IV induction, LMA placed, and spontaneous respiration of inhalational was used. Fentanyl was titrated as needed.

Results: Total narcotic consumption (OR and PACU), and time to first PO all cited. Two patients were discharged POD# 1, less than 24 hours after surgery. One patient was admitted to inpatient hospital for a situation unrelated to the PVB or ileostomy takedown surgery and discharged POD#2. results will be presented in a table on the abstract poster/ e-poster.

Conclusion: The use of PVB as an adjunct to General Anesthesia is an effective, acceptable and beneficial intervention for analgesia in the management of ileostomy takedown in the outpatient setting. Ileostomy closure has been successfully completed under other regional techniques including local anesthetic (2) and spinal anesthesia (3). In contrast to spinal anesthesia, utilization of the PVB preserves motor function thereby facilitating earlier ambulation of patients. Utilization of the PVB and general anesthesia allows for decreased amount of narcotic administration, which in turn provides for early return of bowel function and decreased PONV, thereby facilitating early discharge from the outpatient surgery center and greater patient satisfaction. Although PVB in ileostomy closure is a relatively innovative approach, patients respond well and reap rewards.