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Peripheral neuropathy following spinal anaesthesia after DHS fixation surgery for inter trochanteric fracture femur

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Biography

Vikram V Kadu has completed his MS Orthopaedics at the age of 26 years from Maharashtra University, India. He is consultant at Kadu Hospital in Nagpur. He has over 25 publications that have been cited over many times and has been serving as an editorial board member of reputed journals.

Abstarct

Background: Proximal femoral fractures present unique challenges for anaesthetic department involving the peri-operative care of large numbers of older patients with significant co-morbidities. The majority (95%) of hip fractures occur in patients over the age of 60. 75% occurring in females. More than 98% of fractures are repaired surgically, for the purposes of analgesia and early rehabilitation. Peripheral neuropathy following spinal anaesthesia is a rare complication following lower limb surgery.

Purpose: To ensure proper safety measures while giving spinal anaesthesia to the patients. Multiple attempts and faulty technique may lead to direct trauma to the spinal cord or nerve root.

Material and Methods: 79 yrs old female presented to OPD with complaints of pain over left hip and unable to walk. X-ray showed IT fracture femur. Patient was admitted, investigated and fitness was taken. DHS fixation surgery was performed under spinal anaesthesia. Post-operatively patient developed DVT of the operated leg and neuropathy (loss of movement but intact sensation) of the contra-lateral leg. Low molecular weight Heparin was started for DVT along with elastic stocking to the limb and MRI was done to assess the cause for peripheral neuropathy.

Outcome: Though rare, peripheral neuropathy is a complication of spinal anaesthesia. Damage to nerve roots can occur due to faulty technique or repeated attempts for spinal anaesthesia. Prolonged hypotension following spinal anaesthesia may cause spinal cord ischemia or thrombosis of the anterior spinal artery leading to flaccid paraplegia.

Conclusion: Continuous passive physiotherapy of the lower limbs helps in complete recovery of the neuropathy but at a slow rate.

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