Superselective Scalp Block (SSB) and opiod sparing as an integral part of Enhanced Recovery After Neurosurgery (ERANS)¹⁾.

The most common reason for providing anesthesia to the scalp is repair of a laceration or foreign body removal. Although some small lacerations may not require any anesthesia to repair, most scalp lacerations can be repaired using simple local infiltration of the tissues. In pediatrics, local topical anesthesia provides sufficient blockade of pain sensation to afford reapproximation of lacerations. Other, larger lacerations, or lacerations that require fine cosmetic outcomes can be anesthetized using a regional block of the scalp by infiltrating the larger nerves supplying sensation to the injured tissue. Each of these techniques can also be used for exploration of scalp wounds and drainage of abscesses, as well. Regional anesthesia is an excellent choice if multiple lacerations or foreign bodies (windshield glass) exist and is the preferred choice for wounds that require good cosmesis because the anesthesia is deposited distant from the wound site, preventing distortion of the wound edges. Regional scalp anesthesia can be used to provide relief from headaches of muscular and nervous etiology, ie, occipital headaches and trigeminal or occipital neuralgia, and is an excellent choice for perioperative analgesia in both adults and children.

1)

Ferson D, Calhoun J, Lipski I, Gottumukkala V, Lang F, Sawaya R, Chi L. Superselective Scalp Block (SSB) and opiod sparing as an integral part of Enhanced Recovery After Neurosurgery (ERANS). Clin Nutr ESPEN. 2016 Apr;12:e39. doi: 10.1016/j.clnesp.2016.02.030. Epub 2016 Apr 1. PubMed PMID: 28531693.

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