ABSTRACT BOOK ABSTRACTS



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DERMATOLOGICAL SURGERY

USE OF A LUMBAR PUNCTURE NEEDLE TO REDUCE THE NUMBER OF NEEDLE INSERTIONS IN INFILTRATION LOCAL ANAESTHESIA OF LARGE AREAS IN DERMATOLOGIC SURGERY

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Background: Cutaneous surgeries are commonly performed under local infiltration anesthesia using a hypodermic needle, which is often described by the patients as the most painful part of the surgery.1, If the surgical field is large, multiple needle insertions are required for effective anesthesia. Thus the most effective way of reducing the needle insertion pain in infiltration anaesthesia of a large surgical field is to reduce the number of reinsertions. This is not possible with the conventional hypodermic needles, which are only about 25mm long.

Observation: We propose the use of a 23G-27G lumbar puncture (LP) needle instead of hypodermic needle attached to the syringe loaded with anesthetic agent. The average length of shaft of a lumbar puncture needle is 90mm which is 2-4 times more than an average hypodermic needle. This means a large area can be anaesthetized with only 1-2 punctures using fanning technique. The depth and track of the LP needle can be monitored by putting two fingers on the skin surface. We have utilized this technique in multiple cutaneous surgeries requiring anesthesia over a large area (e.g. subcision for acne scars, surgery for hidradenitis suppurativa, and donor site anaesthesia for harvesting graft) and found it to be associated with minimal discomfort.

Conclusion: The use of lumbar puncture needle for cutaneous infiltration anaesthesia reduces the number of punctures and therefore the discomfort to the patient particularly if the surgical field is large.



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