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Popliteal Nerve Block for Interventions
Disclosure

Speaker name:
Steven Kum

I have the following potential conflicts of interest to report:

- [x] Consulting Orbus Neich
- [ ] Employment in industry
- [ ] Stockholder of a healthcare company
- [ ] Owner of a healthcare company
- [ ] Other(s)

- [ ] I do not have any potential conflict of interest
Utility of Nerve Block for Peripheral Intervention

1. Facilitating Intervention
   - Anaesthesia (4 hrs)
     - CO2 angiogram
     - Retrograde access (Open or percutaneous)
     - High pressure POBA
     - Faciotomy
     - Simultaneous wound debridement
   - Paralysis (No movement of ankle and most of knee)

2. Post procedure analgesia (24 hrs)
Anatomy and Coverage
Local Anaesthetic is infiltrated to surround the nerve in a “Halo” of anaesthetic.
Drugs

- 100 mg 1% Lidocaine (No Adrenalin)
- 50 mg 0.5% Bupivacaine/Marcaine (No Adrenalin)
- 0.9% Sodium Chloride (NaCl)
SAPHENOUS NERVE BLOCK – BELOW KNEE APPROACH
Precautions of Nerve block

1. Nerve damage (rare)
   - Identify anatomy with US
   - Use appropriate blunt needle

2. LA toxicity

3. Fall risk (loss of motor function)

4. Bleeding (rare) – can be done with Dual Antiplatelet and even anticoagulant

5. Absence of pain may mask bleeding in compartments during intervention
CASE EG
CO2 Angiogram – Optimed Bag system
Open Retrograde
High Pressure NC Angioplasty
Extreme Angioplasty – DEKIAP Technique

Direct Extraluminal Calcium Interruption Arterial Procedure
PIERCE TECHNIQUE
Immediate closure of Fasciotomy wound over a drain
Intervention and Debridement in Hybrid room

- Nerve block administered before intervention
Immediate debridement and minor amputation after LimFlow with Popliteal Block
Summary

• Routine interventionalist administered nerve block for CLI:
  – Facilitates HP POBA with no pain
  – Allows retrograde approaches
  – Allows simultaneous wound management

• Routine in my practice and is **invaluable tool**, avoiding problem with sedation/GA in a high risk patient
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