

# UNILATERAL SPINAL ANESTHESIA COMBINED WITH LOCAL ANESTHESIA FOR PTOSIS SURGERY

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Frontal suspension surgery is the most common procedure for congenital blepharoptosis with poor levator muscle function. In view of long term cosmetic results, frontal suspension with autogenous fascia lata is a gold standard surgery<sup>1,2</sup>.

A 46-year-old patient with bilateral ptosis and poor levator function was scheduled for ptosis surgery. Frontal suspension surgery with autogenous fascia lata<sup>1,2</sup> was planned under general anesthesia. Patient had a history of type-II diabetes mellitus and poor control of blood glucose level. He was a heavy smoker and had decreased breath sounds bilaterally on chest examination. We decided to perform unilateral spinal anesthesia instead of general anesthesia for harvesting of fascia lata<sup>3</sup> due to patient's systemic problems and reluctance to general anesthesia. Spinal anesthesia was performed at the L<sub>4-5</sub> interspace using a 25 G Quincke needle with the patient placed in the lateral decubitus position and lying on the operated side. Two mL of 0.5% hyperbaric bupivacaine was injected. The patient's position was maintained for 15 min after injection, then he was turned to supine and fascia lata graft was taken. Five mL of 1% lidocaine was infiltrated into the operative site in both eyes, and frontal suspension was performed by using Crawford technique under local anesthesia<sup>2</sup>.

Unilateral spinal block produces a more restricted spinal anesthesia and has less cardiovascular side effects when compared to bilateral spinal anesthesia<sup>4</sup>.

Anesthesiologists and ophthalmologists are not used to performing a central nerve block combined with local anesthesia for an ophthalmic surgery. On the other hand, dissection of fascia lata can be done by using unilateral spinal anesthesia in adult patients with risk for general anesthesia. By this way, complications due to general anesthesia are decreased and adjustment of lid level can be performed more accurately under local anesthesia.

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