

# Double Locking Compression Plating Of The Olecranon With Wide Awake Local Anaesthesia Without Tourniquet: A Case Report

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## INTRODUCTION:

Wide-awake local anaesthesia without tourniquet was first introduced by Dr. Donald H. Lalonde in 2007. Epinephrine is injected with lidocaine for hemostasis provides bloodless field through vasoconstriction, and anesthesia instead of a tourniquet and sedation, which can eliminate the need for a pneumatic tourniquet during hand surgery. With the use of wide awake surgery, patient can do active range of movement of the elbow intraoperatively so the surgeon can be certain that anatomical reduction was achieved and elbow function is restored. In this case, we did the olecranon double locking compression plating under WALANT technique with amazing outcomes.

## REPORT:

33 years old, malay gentleman was alleged motorbike skidded, post trauma complained of pain and swelling over left elbow. Patient sustained closed comminuted fracture of left olecranon. Patient was planned for double locking compression plate under WALANT technique. The patient underwent left olecranon double locking compression plate under WALANT technique. Total of 40 ml of WALANT solution was injected along the planned skin incision and around the olecranon 30 minutes prior to surgery. After given WALANT, patient claims numbness and no pain. During surgery, pain well control. Patient is cooperative, able to flex and extend the elbow for manipulation of fracture reduction freely. Post operatively, anaesthesia effect lasted about 6 to 8 hours. The solution used are 50 ml of lidocaine 2%, 1 ml of adrenaline 0.18%, 10 ml of sodium bicarbonate 8.4%, then diluted into 50 ml normal saline. Epinephrine hemostasis has removed the need for the tourniquet. Visibility with epinephrine hemostasis is

perfectly adequate, particularly if the patient is injected outside the operating room to give the epinephrine time to vasoconstrict. Post operation, patient can get up and go home without having to recover from drugs. They no longer have to waste their time and money on unnecessary preoperative testing that was required for sedation, which is no longer needed now that tourniquet use and thus the related pain are eliminated. Eliminating all sedation eliminates all risks of sedation.



Figure 1: Pre-op x-ray



Figure 2: Post-op x-ray



Figure 3: Intra-op, active ROM, minimal bleeding

## CONCLUSION:

Wide-awake patient is a safer, cheaper, and more enjoyable experience for the patient. It has improved intraoperative communication between the surgeon and the patient. It has also led to improvements in the results.

## REFERENCES:

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