



Local Anesthesia

Doctor :

Ashraf Dmour

Done by:

Yousef Abuhawwa

Mona Alzoubi

Ansam Alzubaidi

Corrected by:

Safaa Matar

Definition:

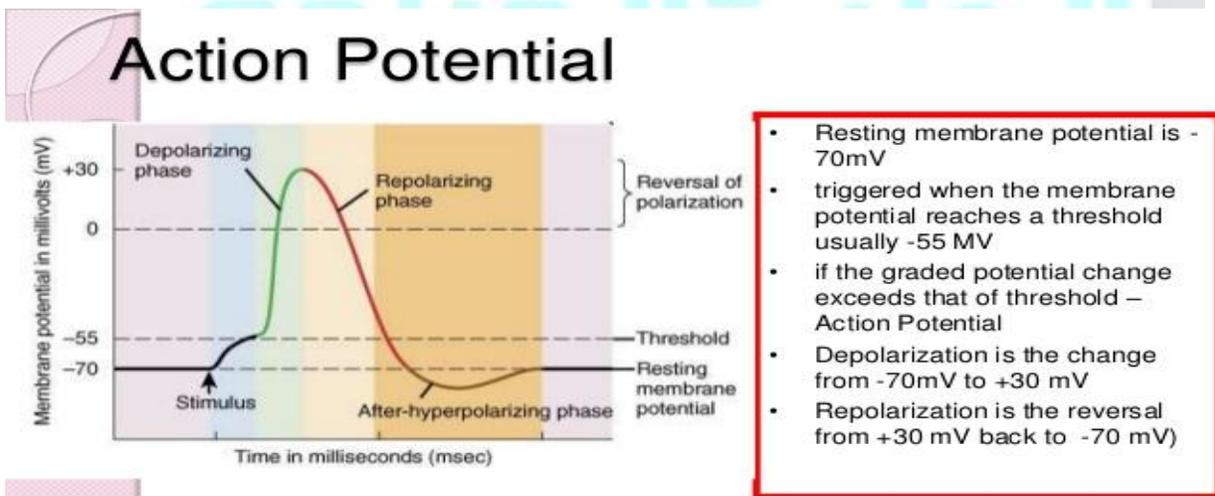
Techniques depend on a group of drugs that produces transient loss of sensory , motor , and autonomic function when the drugs are injected or applied in proximity to neural tissue . (nerve endings)

Mechanism of action

An electrogenic Na- K-ATPase pump couples the transport of **three Na ions** out of the cell for every **two K ions** moves into the cell , this creates a concentration gradient that favors extracellular diffusion of K and intracellular diffusion of Na .

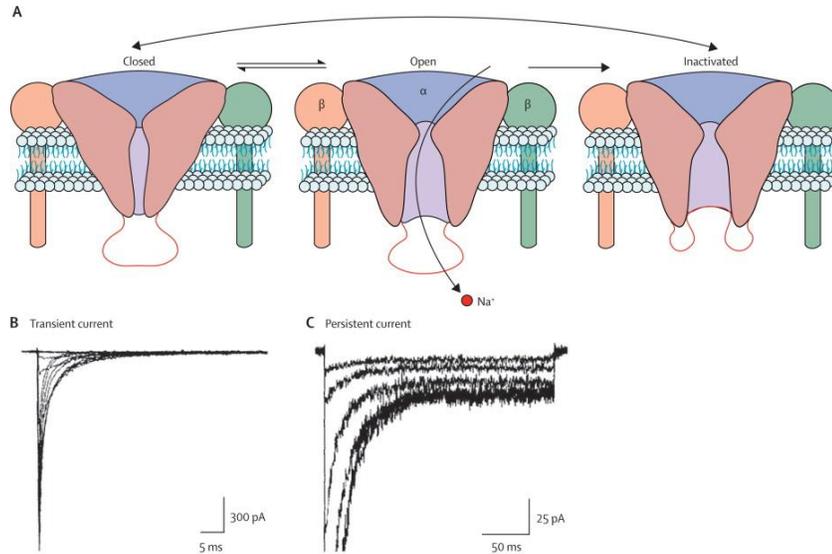
This accounts for the negative **resting potential difference (-70 mV polarization)**.

If the depolarization exceeds a **threshold level (-55mV)**, sodium channels are activated allowing a sudden influx of Na ions and generating action potential .



- action potential = nerve impulse
- takes place in two stages: **depolarizing phase** (more positive) and **repolarizing phase** (more negative - back toward resting potential)
- followed by a **hyperpolarizing phase** or refractory period in which no new AP can be generated

* **Na-K pump to sustain resting membrane potential 3Na out 2K in to the cell**



- Na-K pump consists of **one large α subunit** responsible for transferring Na ion and **2 beta subunits** responsible for transferring k ion

MOF LA: blocks Na-K pump from inside so even if the membrane potential reach -55 there is no Na influx.

- Sensitivity to blockade is determined by axonal diameter and degree of myelination.

- In spinal nerves , the sensitivity to LA is autonomic > sensory > motor .

LA consist of benzene ring separated from tertiary amine by intermediate chain that includes an ester or amide linkage .

- **Motor fiber** : highly myelinated and has a large diameter so its more resistant to LA

- **Autonomic fiber** : unmyelinated and has a small diameter so its the most sensitive to LA

so that the first question to post-spinal anesthesia patient is (حاسس بدني برجلك) because the autonomic innervations were blocked first

- Sometimes in the normal delivery we give the patient epidural anesthesia in a lower doses that don't affect the motor function (**walking epidural**)

Fiber Type	Function	Diameter (microns)	Myelination	Conduction Velocity (m/s)	Sensitivity to Nerve Block
Type A					
Alpha (α)	Proprioception, motor	12-20	Heavy	70-120	+
Beta (β)	Touch, pressure	5-12	Heavy	30-70	++
Gamma (γ)	Muscle spindles	3-6	Heavy	15-30	++
Delta (δ)	Pain, temperature	2-5	Heavy	12-30	+++
Type B	Preganglionic autonomic	<3	Light	3-15	++++
Type C					
Dorsal root	Pain	0.4-12	None	0.5-2.3	++++
Sympathetic	Postganglionic	0.3-1.3	None	0.7-2.3	++++

- Pain practitioners block the nerves transmitting pain impulses (Type A- δ , Type C)
- Lower concentrations of local anesthetic will only block the small unmyelinated and lightly myelinated (Type C and Type A- δ) fibers
- Middle-frequency currents (2,000-20,000 Hz) block smaller unmyelinated (Type C) and small myelinated (Type A- δ) fibers
- Larger fibers (Type A- α , β , γ) require high-amplitude currents and are usually spared in electrical, low-dose chemical (eg, labor epidural) blocks

Clinical pharmacology

Absorption : systemic absorption of LA depends on blood flow which is determined by factors:

1- **Site of injection** : IV > Tracheal > intercostal > caudal > paracervical > epidural > brachial plexus > sciatic > subcutaneous .

2- **Presence of vasoconstrictors** (like epinephrine)

- to avoid the systemic disadvantage of LA

- to decrease the absorption

- prolongation of the effect (by decreasing the blood flow & increasing the acidity)

3- **Local agent**

Metabolism :

- Ester LA metabolized by pseudocholinesterase

S.E: Histamine release

- Amide metabolized by P-450 in the liver (longer onset & duration of action)

Agent	Max Dose w/o Epi	Max Dose w/ Epi	Duration of Action	Notes
Lidocaine	5mg/kg	7mg/kg	30 - 90 min	1% = 10mg/mL 2% = 20mg/mL
Bupivacaine	2.5mg/kg	3mg/kg	6 - 8 hrs	0.5% = 5mg/mL
Mepivacaine	7mg/kg	8mg/kg	---	---
Ropivacaine	3mg/kg	---	---	---

- Lidocaine : LA injected peripherally

Archive Questions

Written:

Nerve fibers type - table (page 4) مع فراغات

MCQs:

1)What is the correct order for absorption of local anesthesia according to the site of injection?

- a. Brachial>sciatic>subcutaneous>epidural
- b. Tracheal>paracervical>intercostal>brachial
- c. Epidural>brachial>intercostals>paracervical
- d. Tracheal>paracervical>brachial>subcutaneous
- e. Intravenous>intercostals>brachial>epidural

Ans: d

2) About function of the nerve fibers, which one is true?

- a. A alpha > proprioception, pressure**
- b. A delta > temperature, pain, pressure**
- c. C > pain, preganglionic sympathetic, reflexes**
- d. B > preganglionic, sympathetic**

Ans: d

3) Wrong regarding LA: sensory is more sensitive than autonomic.

Oral:

1) Nerve block depend on.

2) Function of type B nerve fibers.

3) Factors affect local anesthesia.

4) Local anaesthesia conjugates.

5) Local anaesthesia distribution/uptake/absorption depends on what.

6) Amide local anesthetic.

7) Additive to local anaesthesia (epinephrine, vasopressor e, antihistamine, (خمسة لازم)



Adjuncts-to-Anesthesia chapter :

https://www.msc-mu.com/file_download?file=-16688670451796199945.pdf&&id=10405