



Regional anaesthesia during the coronavirus pandemic

During the current pandemic regional anaesthesia and analgesia potentially offers several important benefits to both patients and health care staff:

- Reduce the requirement for general anaesthesia and airway manipulation
- Reduce risk of airway complications such as chest infection
- Decreased length of stay

In the coming days, regardless of what happens with elective services, anaesthetists will still be expected to provide anaesthetic care, especially for emergency surgery. The following table gives a few example cases and the potential regional anaesthetic block options (not exhaustive):

Case	Potential regional anaesthetic
Fractured neck of femur	Spinal anaesthetic Fascia iliaca block
Other lower limb fractures	Spinal anaesthetic Sciatic block
Upper limb fractures	Brachial plexus block
Fractured ribs	Thoracic epidural Paravertebral block Erector spinae block Serratus plane blocks
Laparotomy and major laparoscopic surgery	Thoracic epidural Intrathecal opioid Rectus sheath block TAP block

Whilst RAUK encourages departments to utilise regional anaesthesia where possible, the decision for insertion, technique used and post-procedural care remains the responsibility of the clinical team involved. Blocks should only be inserted following a risk-benefit assessment especially in the context of localised and systemic infection. During this period regional anaesthetic techniques should be performed using the personal protective equipment (PPE) that is recommended at the time.

As always anaesthetists should only perform blocks they are comfortable with and departments should offer local refresher training if required. RAUK also offer the following resources:

- [Plan A Blocks](#). This is a web-based resource offering details on how to perform 7 key regional blocks that should cover most of the body.
- [RAUK Link Network](#). A UK-wide network of regional anaesthesia experts that can be contacted for advice on nerve blocks.