

CAN EARLY REGIONAL ANALGESIA BLOCKS BENEFIT PATIENTS?

A debate prompted by an 'Izindaba' article on regional analgesia for accident victims in pre-hospital settings has resulted in a comprehensive one-day workshop being set up by UCT's new Emergency Medicine Division.

The brainchild of UCT's Head of Emergency Medicine, Dr Clive Balfour, it will focus on the attendant risks and potential benefits of regional blocks, with expert clinical and ethical input on various blocks, agents and environments.



Regional blocks - dearth of expertise in emergency situations.

The article in the October 2003 *SAMJ* profiled two trauma specialists, a top anaesthetist and a duo of mountain rescue experts who want to probe the benefits of regional blocks for patients in remote settings.

While none of them had experience of carrying out such regional blocks, they were excited by the more common use of them overseas and the potential benefits in hospital emergency unit settings.

Hardly taught in the local medical curriculum and seldom pursued in the field except by a dedicated few doctors, the practice is growing fast in France, Switzerland and several other European countries.

The discussion was prompted by Dr Rik De Decker, a paediatrician attached to UCT's Division of Human Genetics

and Red Cross Children's Hospital, who also happens to be a mountain climber of 20 years' experience.



Professor 'Bosie' Bosenberg, Groote Schuur Hospital veteran anaesthetist.

De Decker attended a 10-day advanced rescue skills workshop hosted by the renowned (French) National Association of Mountain Rescue Doctors on Martinique Island late last year. After attending a presentation by world expert Dr Xavier Ledoux, De Decker returned deeply impressed by how much easier the mobilisation of peripheral injury victims becomes during alpine and canyon rescues when regional analgesia is used.

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Groote Schuur Hospital anaesthetist, Professor Adrian 'Bosie' Bosenberg, arguably one of the country's leading experts in regional blocks, will discuss general principles of regional analgesia at the local workshop. Bosenberg will outline mandibular, upper and lower limb blocks, intercostal blocks and, crucially, the failed block.

Several local anaesthetists have expressed cautious optimism about the benefits of regional blocks when carried out by confident and skilled physicians.

Professor Solly Benatar, head of Medical Ethics at UCT, will grapple with verbal and written consent while Balfour grasps the nettle of pre-hospital versus emergency unit environments, and presents local anaesthetic agents.

The workshop will take place at UCT's Anatomy Department from 08h00 to 17h00 on 27 July 2004.

Students registered for the MPhil (EM), emergency medicine registrars and anaesthetic registrars will not be required to pay a fee. UCT's EM Division will also hold workshops on immobilisation techniques (18 June) and disaster medicine (16 - 21 August).

Bookings for all three courses can be made with Wendy at 082 7885759 or contact balfour@intekom.co.za.

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