## KJA October 07 Orthopedic procedures and patients with orthopedic problems coming for non orthopedic procedures

Orthopedic procedures and patients with orthopedic problems coming for non orthopedic procedures constitute a major set of patients which we, the anaesthesiologists encounter in everyday practice. Trauma cases can have anaesthetic implications widely different from those encountered in "cold" cases. Considerations of pain relief, patient positioning, blood loss — blood salvage and thromboprophylaxis are common factors. Regional anaesthesia has proven benefits over general anaesthesia in a majority of orthopedic procedures but there are instances where there are contra indications to regional techniques; the common among them being drug induced coagulopathies in elderly patients, polytrauma, etc., Uncommonly, congenital or acquired multisystem diseases can limit the usefulness of central neuraxial blocks. Intubation problems are encountered in rheumatoid arthritis, ankylosing spondylitis, dwarfism ( achondroplasia), congenital cervical spine deformities, etc., Kyphoscoliosis of varied aetiology will render placement of spinal / epidural injections difficult and the spread, unpredictable.

This issue of Karnataka Journal of Anaesthesia, coincidentally, has three case reports of anaesthetic management, all with significant orthopedic implications; *Patient with ankylosing spondylitis presenting for closure of gastric perforation, Patient with hypochondroplasia presenting for caesarean section and a Morbidly obese patient presenting for open reduction of fracture femur.* The first report deals with details of difficult intubation, the second one deals with successful lumbar epidural with low doses of bupivacaine and the third, about use of spinal anaesthesia ( with a 15 cm. needle ) with epidural post operative analgesia successfully, with discussion about the anaesthetic implications of obesity in general.

Readers are welcome to present their opinions about the management of these three cases .

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