



European Society of  
Regional Anaesthesia  
& Pain Therapy

**ESRA ITALIA**

**ESRA** *Cè*

# XXIX

## CONGRESSO NAZIONALE

ESRA Italian Chapter  
CESENA, Cesena Fiera

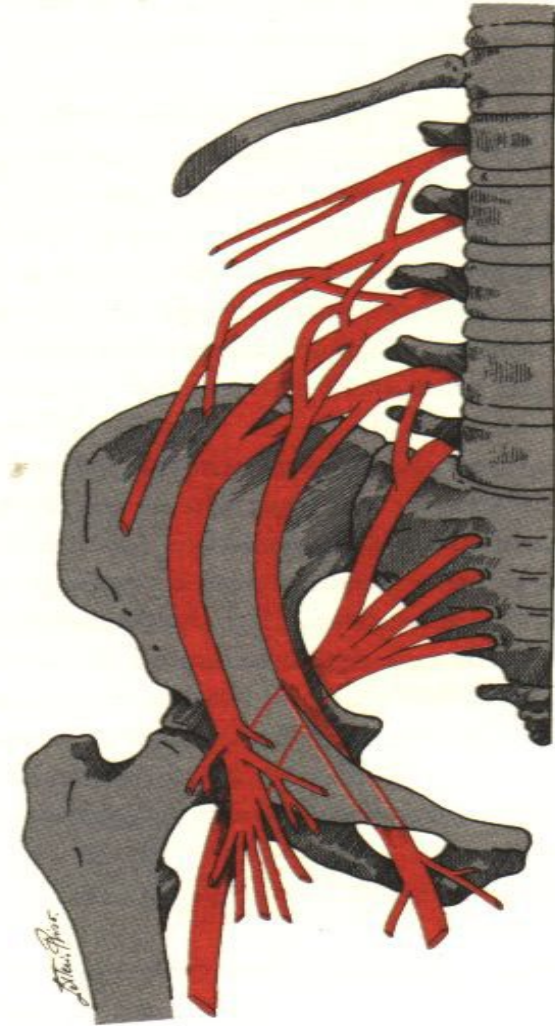
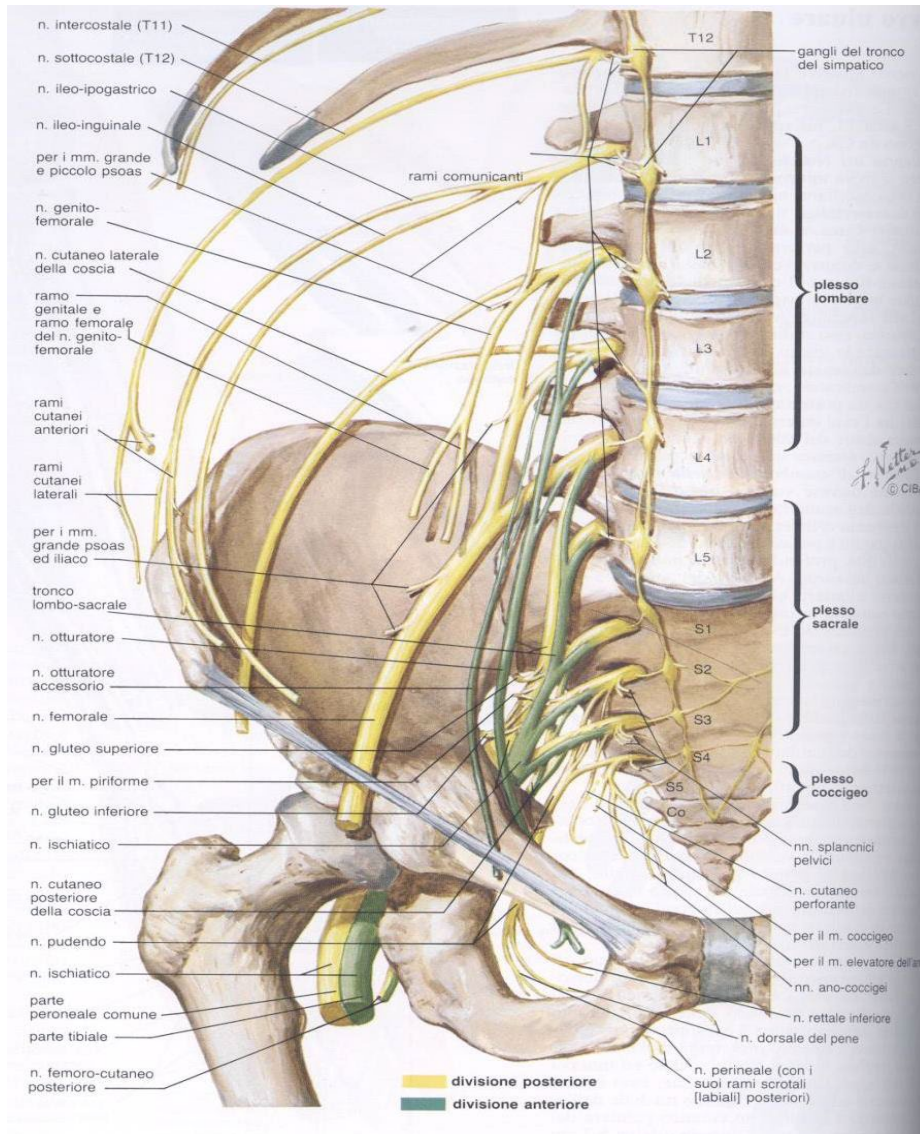
Presidente del congresso  
**Vanni Agnoletti**  
**Domenico Pietro Santonastaso**  
**Andrea Tognù**

7-9  
*Novembre*  
2024

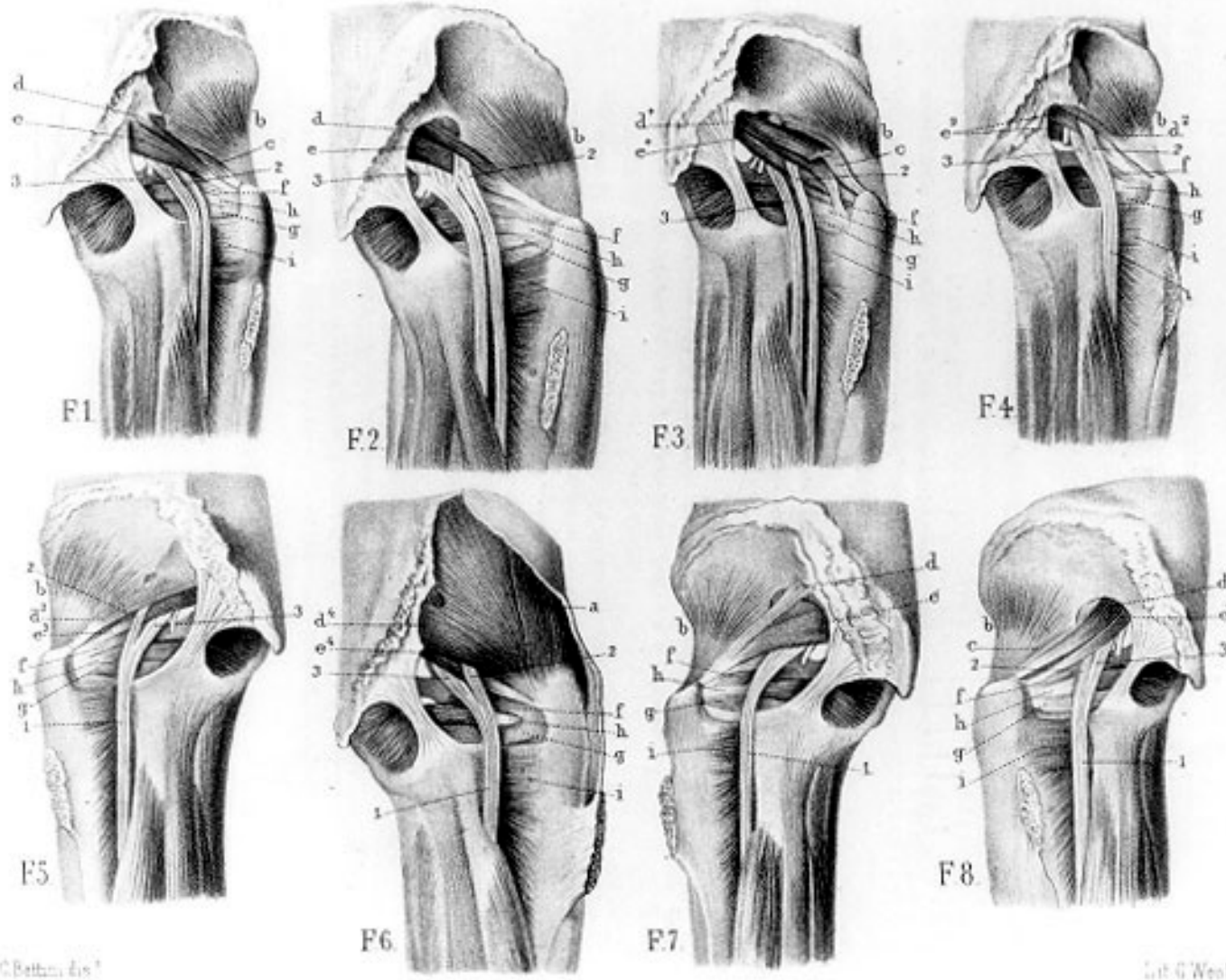


**MZ**  
EVENTS

# IL PLESSO LOMBO-SACRALE

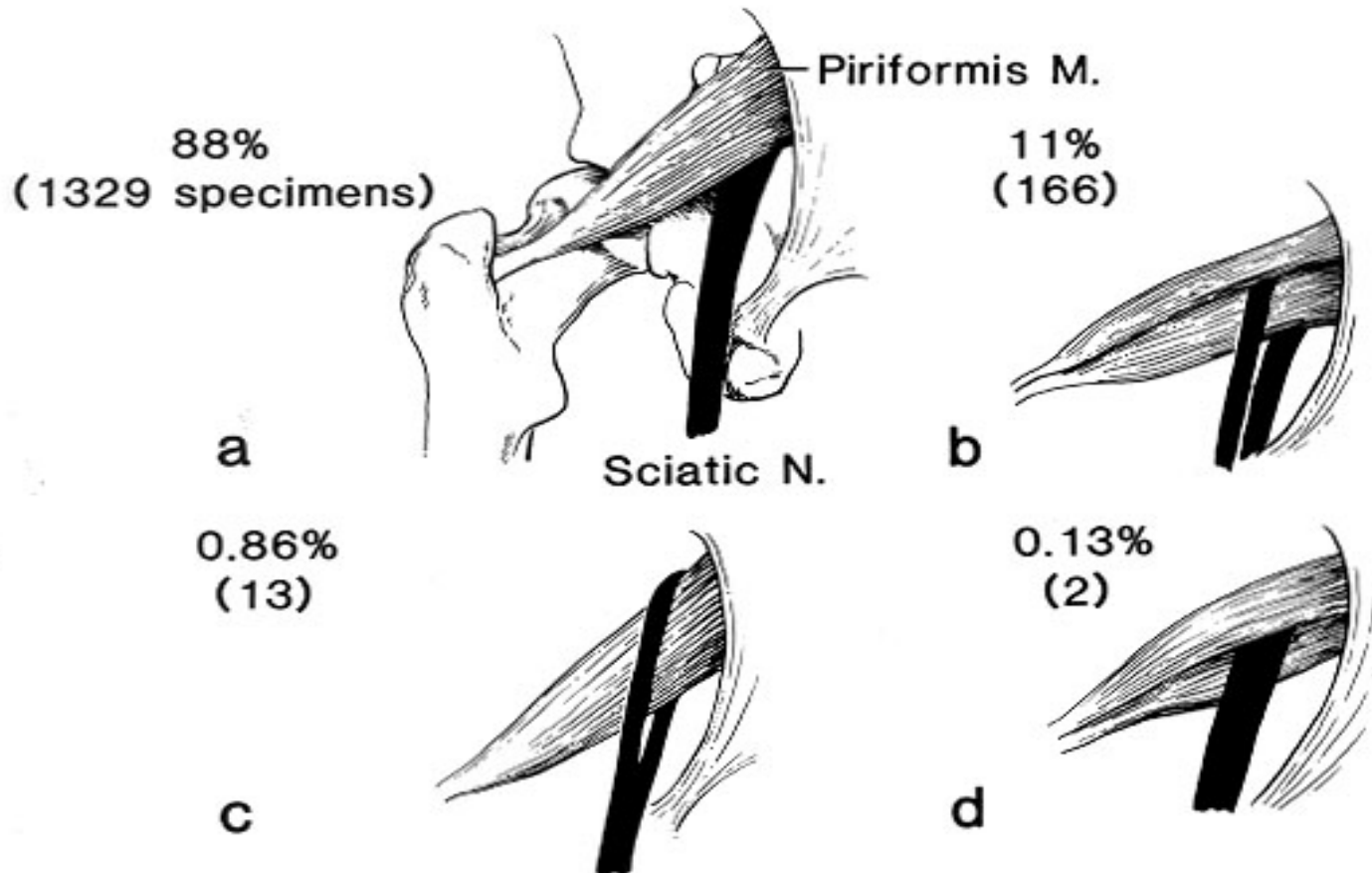


Il plesso lombosacrale.



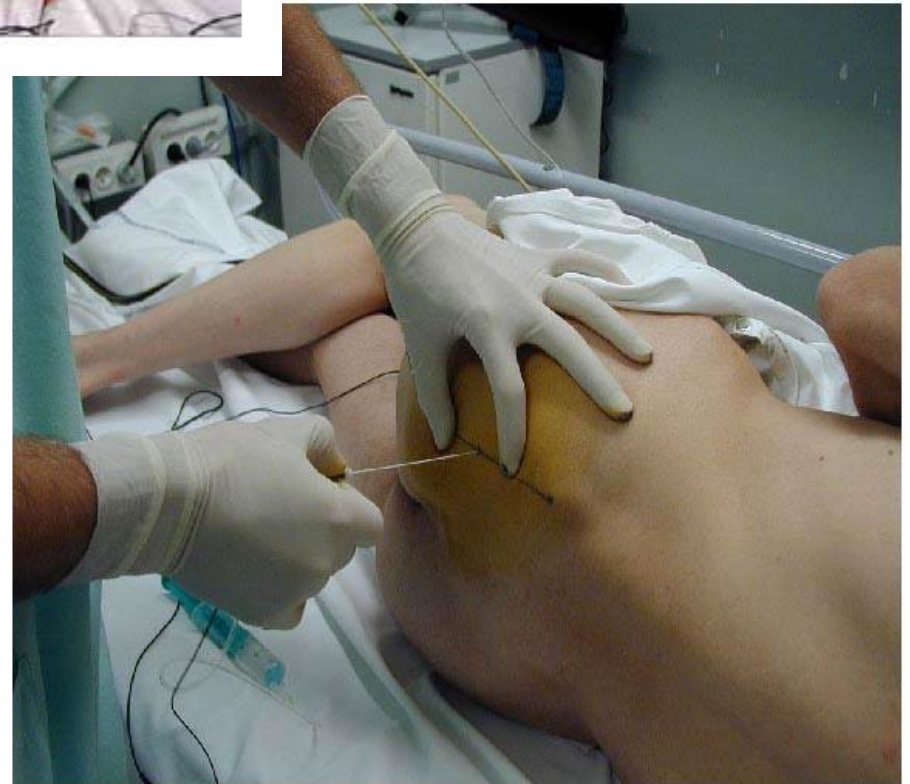
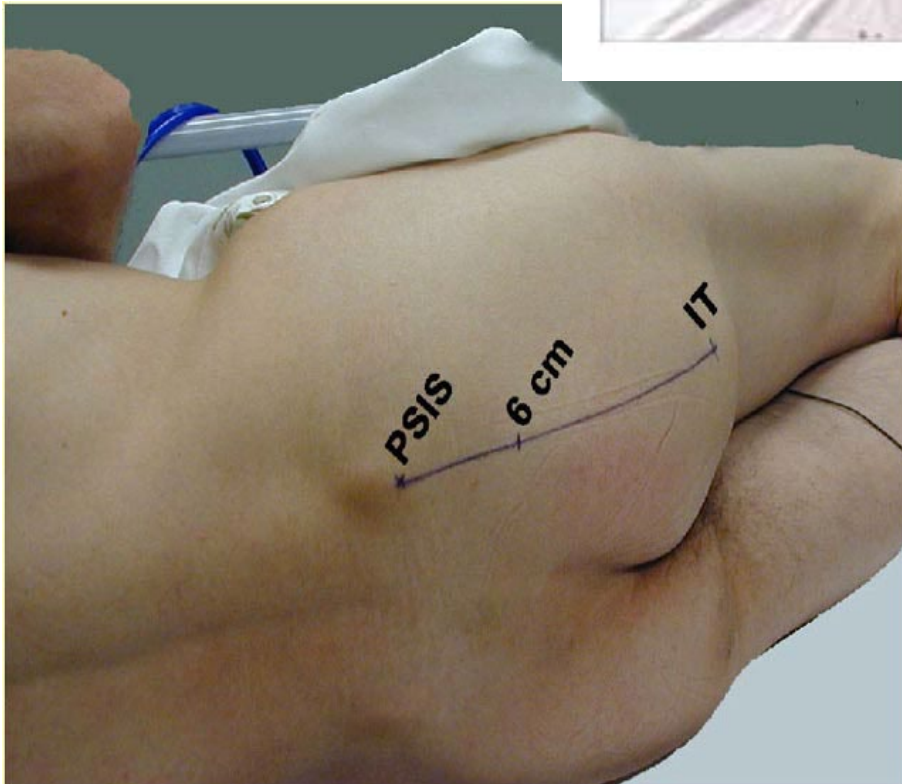
**From Calori, L. Sull'alta divisione del nervo grande ischiatico e sulle varietà del muscolo piriforme. Mem. R. Accad. Sci. Istituto di Bologna S. 4, 2:623-633. 1880.**

# Relation of Sciatic Nerve to Piriformis Muscle In 1510 Extremities Studied



From Beaton, L.E. and B.J. Anson. The relation of the sciatic nerve and its subdivisions to the piriformis muscle. Anat. Rec. 70:1-5, 1938.

## ***BLOCCO PARASACRALE DI MANSOUR***



# Comparison of the Parasacral Approach and the Posterior Approach, with Single- and Double-Injection Techniques, to Block the Sciatic Nerve

Philippe Cuvillon, M.D., M.S.,\* Jacques Ripart, M.D., Ph.D.,† Pascal Jeannes, M.D.,\* Aba Mahamat, M.D.,‡  
Christophe Boisson, M.D.,\* Joel L'Hermite, M.D.,\* Eric Vernes, M.D.,\* Jean Emmanuel de La Coussaye, M.D., Ph.D.§

Table 1. Demographic Data and Surgical Procedures

	Winnie's Injection		
	Single	Double	Parasacral
No. of patients	50	50	50
Age (yr)	45 (19-76)	48 (22-69)	51 (22-84)
Height (cm)	170 (152-181)	170 (155-185)	165 (150-183)
Weight (kg)	75 (56-93)	70 (54-87)	70 (54-90)
Sex (M/F)	35/15	38/12	32/18
ASA (1/2/3)	38/11/1	44/4/2	34/13/3
Limb			
Right	27	25	26
Left	23	25	24
Surgical procedures			
Knee	25	21	27
Below-knee	11	8	9
Ankle	11	17	8
Foot	3	4	6

Values are number and median (5th-95th percentiles); no difference was observed between groups.

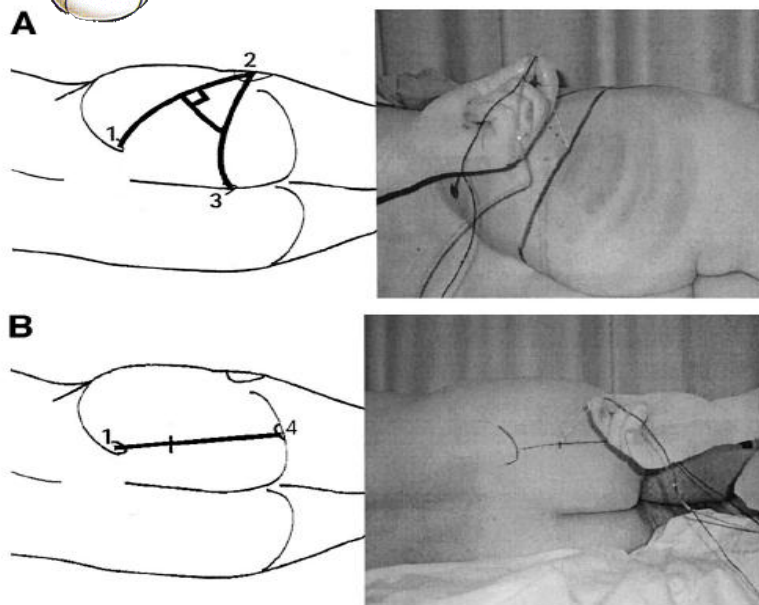


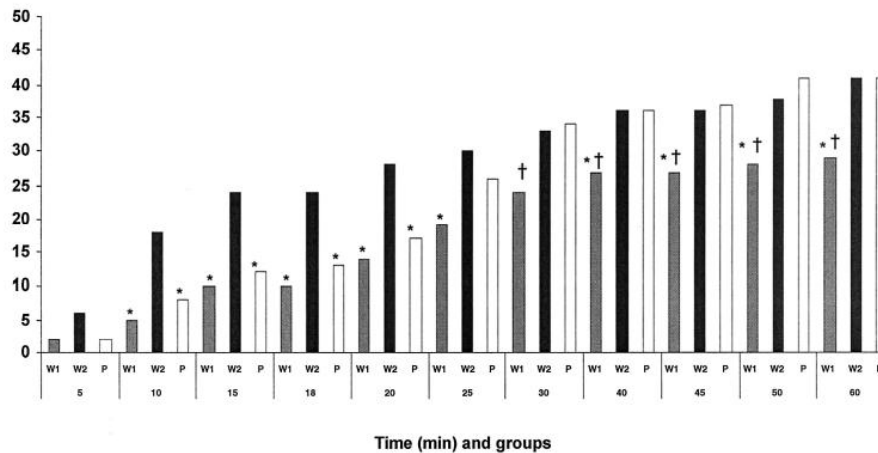
Fig. 1. (A) Winnie's modification approach. (B) Parasacral approach. 1 = Posterior superior iliac spine; 2 = greater trochanter; 3 = 1 cm below the sacral hiatus; 4 = ischial tuberosity.

**Table 2. Time to Perform Block and Onset Times (min)**

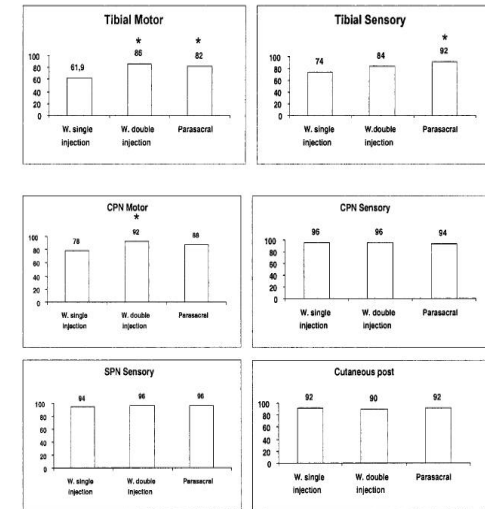
	Winnie's Injection		
	Single	Double	Parasacral
Time to perform block	3 (1–10)	5.5 (2–15)*†	2 (1–5)
Posterior cutaneous nerve	10 (5–38)	10 (5–30)	15 (5–30)
Tibial nerve			
Sensory block	15 (5–40)	10 (5–39)*	15 (5–40)
Motor block	20 (5–50)	12.5 (5–40)*	20 (10–50)
Total onset times	20 (5–45)	12.5 (5–40)*	25 (10–50)
Common peroneal nerve			
Sensory block	15 (5–30)	15 (5–30)*	15 (5–40)
Motor block	20 (5–40)	15 (5–30)	15 (5–50)
Superficial peroneal nerve			
Sensory block	10 (5–40)	10 (5–25)*†	15 (5–30)
Motor block	20 (5–40)	12.5 (5–40)*†	20 (5–40)
Total onset time of peroneal nerve (common and superficial)	17.5 (5–40)	15 (5–40)*	20 (5–50)
Total onset time (tibial and peroneal)	25 (5–50)	15 (5–50)*†	25 (7.5–50)
Total block time	25 (10–50)	20 (5–50)	25 (10–50)

Total onset time was defined as the time to obtain a total sensory and motor block after injection (tibial, peroneal, posterior cutaneous). Total block time was defined as the time elapsed from the beginning of the procedure (insertion of the needle through the skin) to a complete sciatic sensory and motor block. Values (in min) are medians (5th–95th percentiles).

\*  $P < 0.017$  vs. parasacral approach. †  $P < 0.017$  vs. Winnie's single injection.



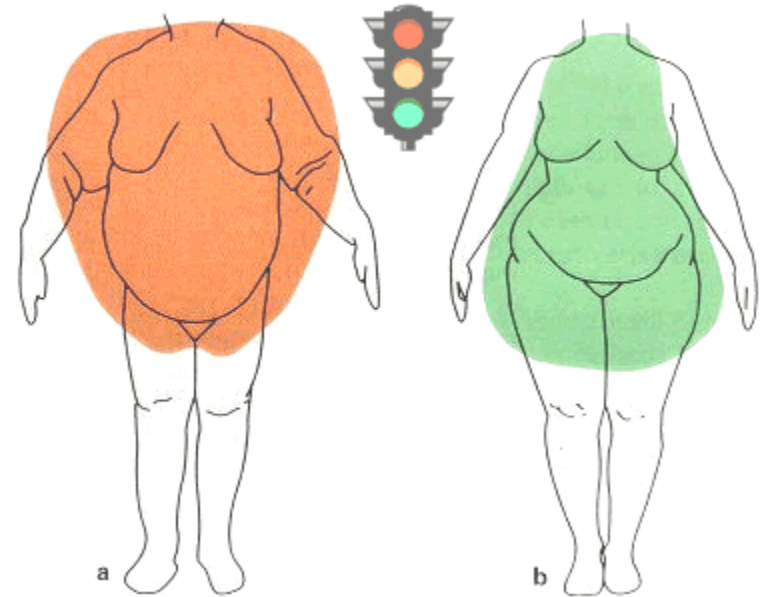
**Fig. 2.** Cumulative success rate with interval times, specifically, the total number of patients who received a complete sensory and motor block after injection. Time 0 was defined as the time corresponding to the end of the local anesthetic solution injection (50 patients per group). P = parasacral approach; W1 = Winnie's modification of the posterior sciatic nerve block with single injection; W2 = Winnie's modification of the posterior sciatic nerve block with double injection. \*  $P < 0.01$  vs. Winnie's double injection. †  $P < 0.01$  vs. parasacral injection.



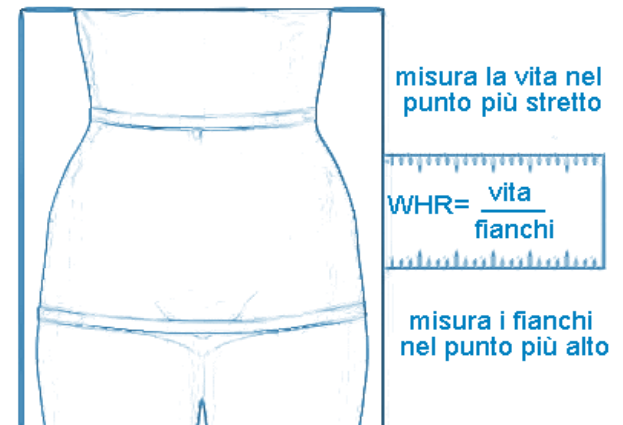
**Fig. 3.** Success of sensory and motor blocks (50 patients per group). CPN = common peroneal nerve; Cutaneous post = posterior cutaneous nerve; Parasacral = parasacral approach; SPN = superficial peroneal nerve; W. double injection = Winnie's modification of the posterior sciatic nerve block with double injection; W. single injection = Winnie's modification of the posterior sciatic nerve block with single injection. Values are percentages of complete sensory and motor block after 60 min. \*  $P < 0.017$  vs. Winnie's single injection.

# VARIABILITA' ANTROPOMETRICA

BMI	CONDIZIONE
< 16.5	GRAVE MAGREZZA
16 -18.5	SOTTOPESO
18.5 - 25	NORMOPESO
25 - 30	SOVRAPPESO
30 - 40	OBESITA' DI MEDIO GRADO
> 40	OBESITA' DI ALTO GRADO

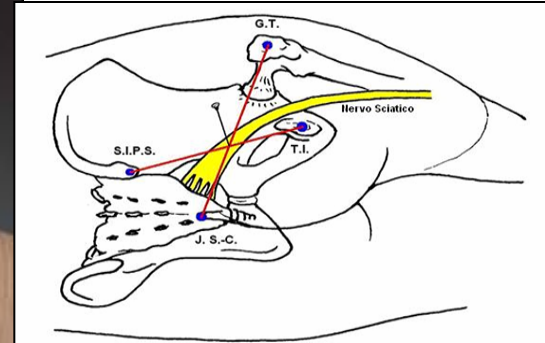
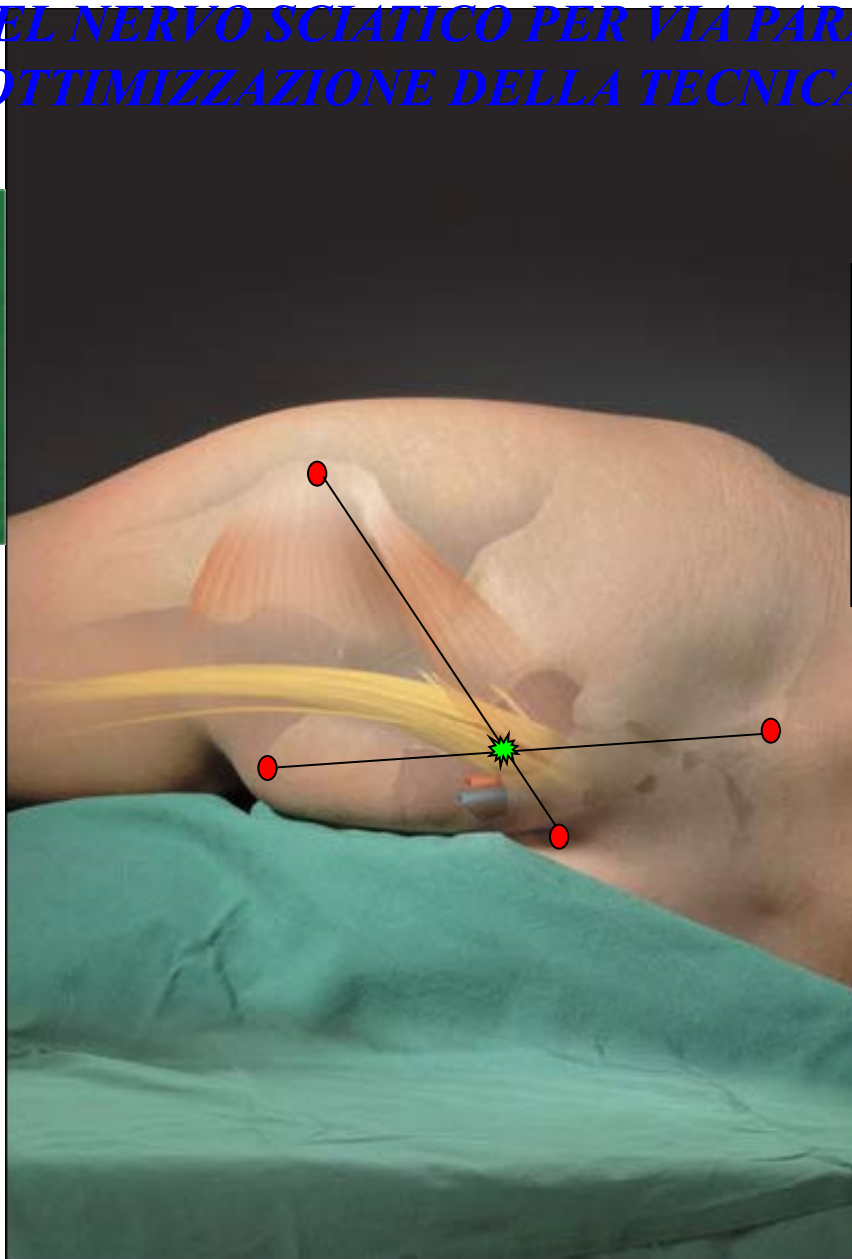


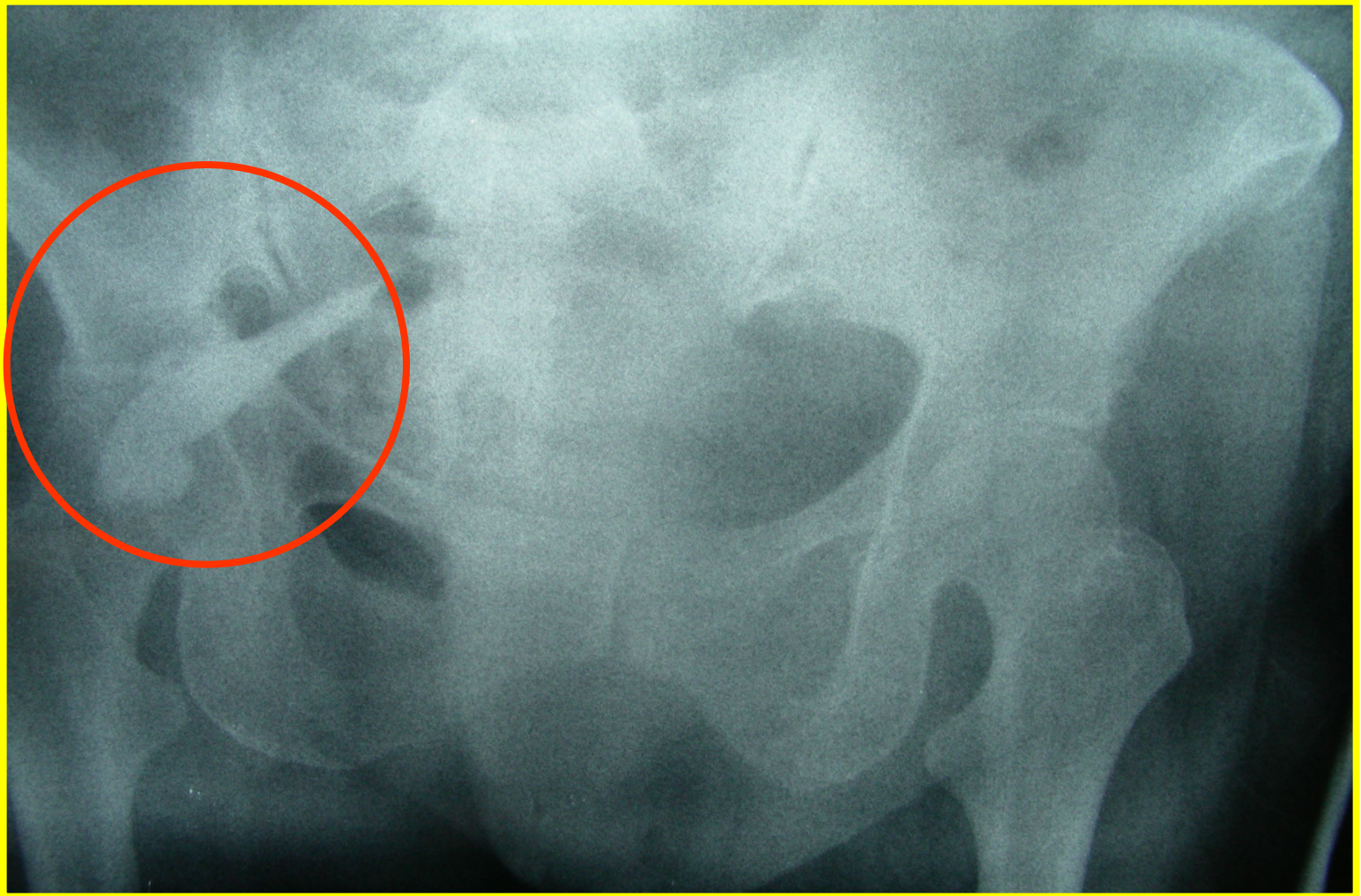
GIORGIO	MARCO
Peso: 100	Peso: 100
Altezza: 180	Altezza: 180
BMI: 31	BMI: 31
Obesità lieve	Obesità lieve?!





# BLOCCO DEL NERVO SCIATICO PER VIA PARASACRALE: OTTIMIZZAZIONE DELLA TECNICA.



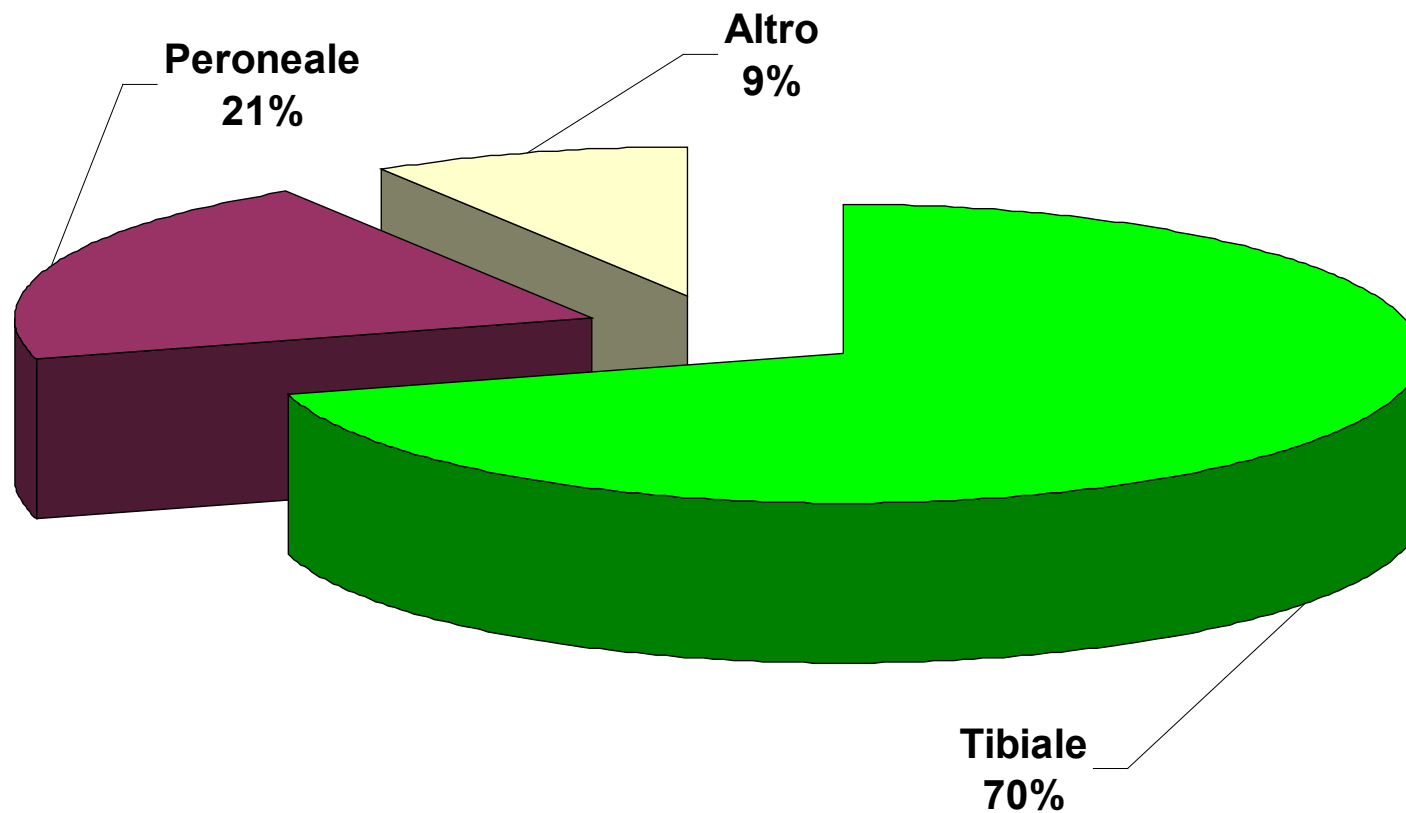


***BLOCCO DEL NERVO SCIATICO PER VIA PARASACRALE:  
OTTIMIZZAZIONE DELLA TECNICA.***

***Studio clinico su 106 Pazienti: CONCLUSIONI***

- Tecnica valida, efficace, riproducibile: successo del blocco 100%!**
- Tempo di esecuzione limitato: media 66sec (da 25 a 190sec)**
- Latenza blocco sensitivo-motorio: media 12,5min**
- Blocco sensitivo: completo!**
- Complicanze: assenti**
- Gradimento: buono**
- Blocco continuo: catetere perineurale in situ stabile**
- Terapia antalgica P.O.: in base a intervento chirurgico e VAS >5/10**

# Componenti delle clonie elicitate



# An Anatomical Study of the Parasacral Block Using Magnetic Resonance Imaging of Healthy Volunteers

Maeve O'Connor, MB, BCh, BAO\*

Margaret Coleman, FFARCSI\*

Fintan Wallis, FRCR†

Dominic Harmon, MD, FCARCSI\*

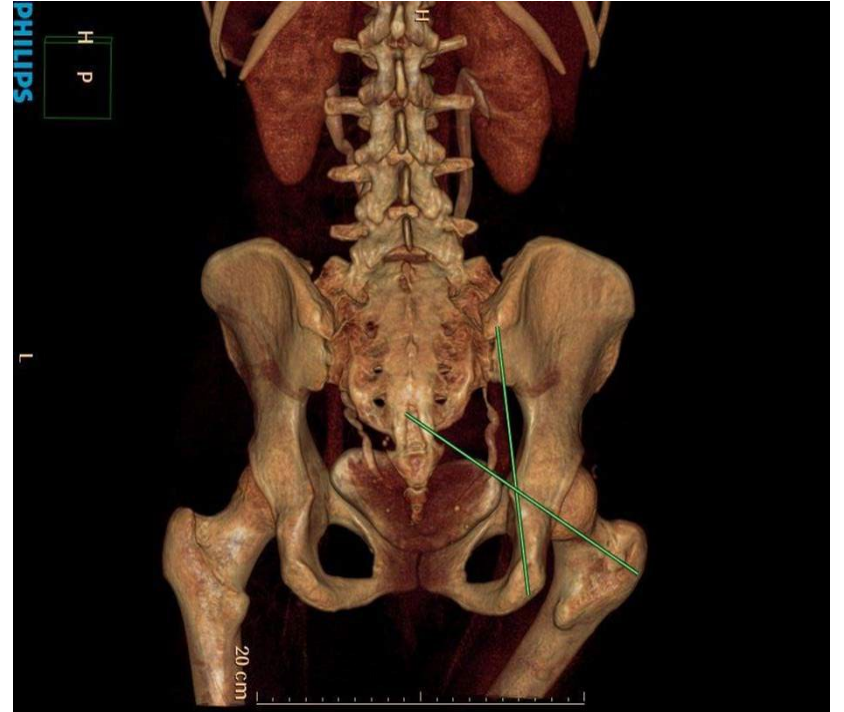
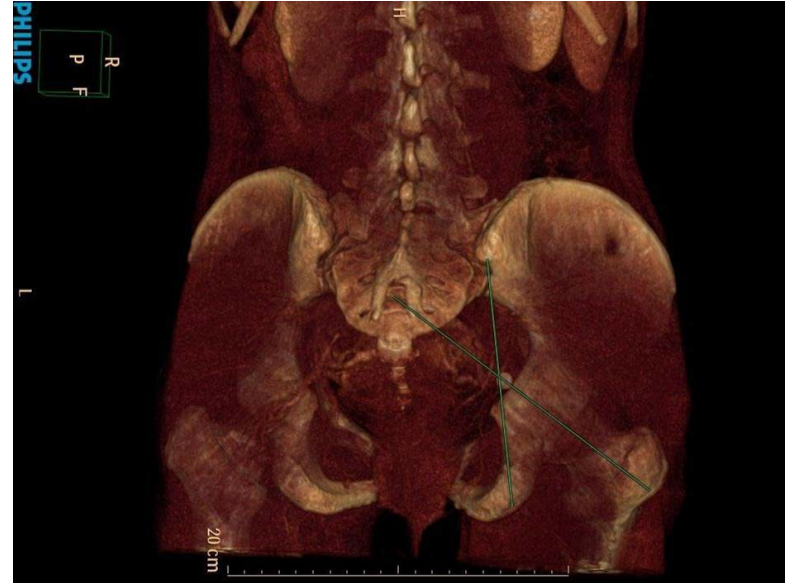
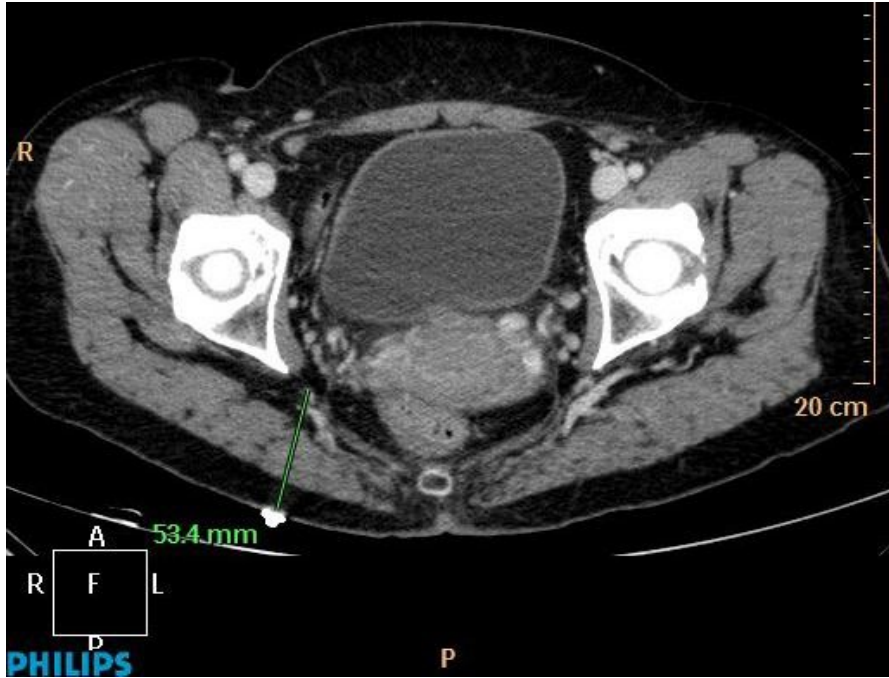
**BACKGROUND:** The parasacral approach to sciatic blockade is reported to be easy to learn and perform, with a high success rate and few complications.

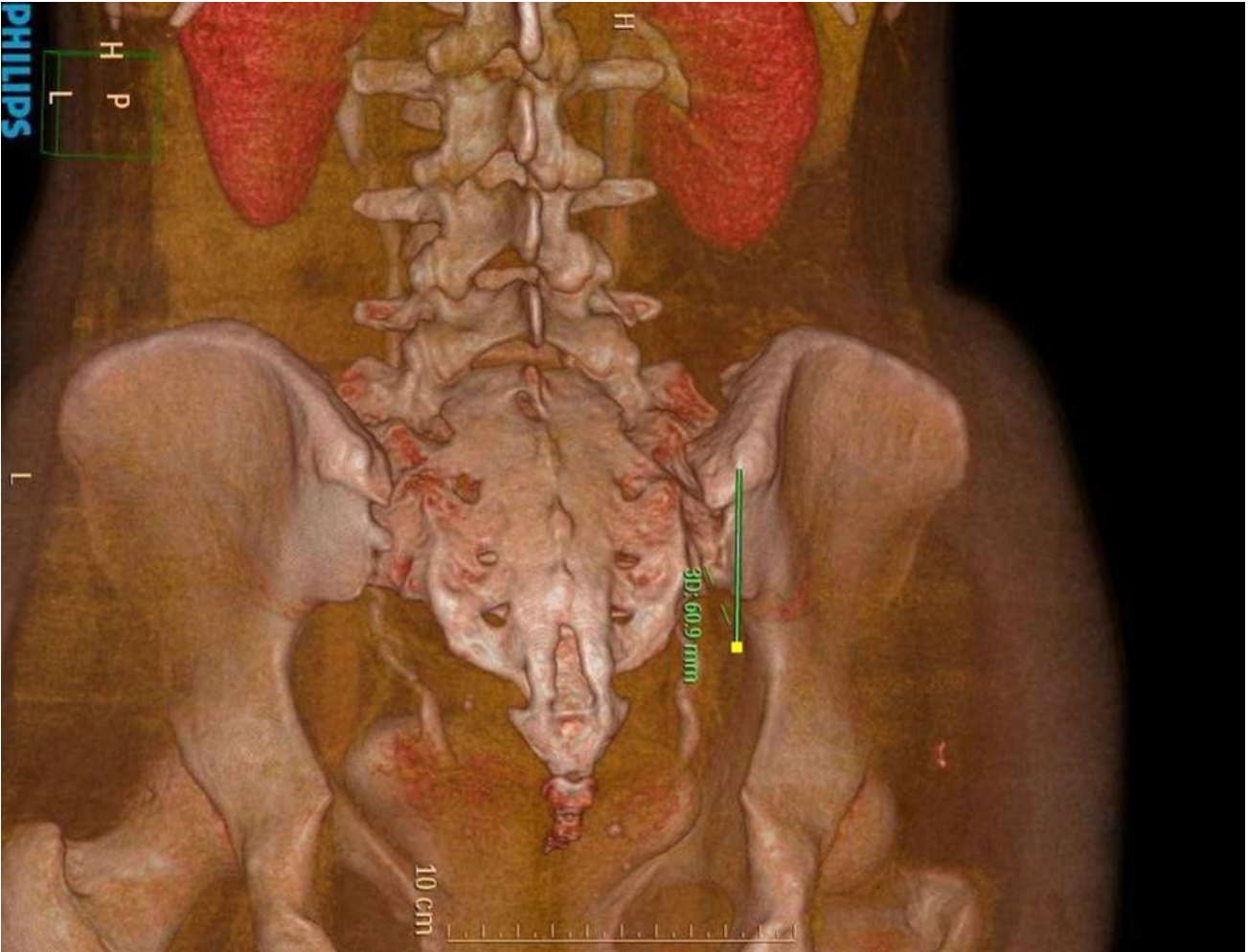
**METHODS:** Using magnetic resonance imaging, we evaluated the accuracy of a simulated needle (perpendicular to skin) in contacting the sacral plexus with this approach in 10 volunteers. Intrapelvic structures encountered during the simulated parasacral blocks were also recorded.

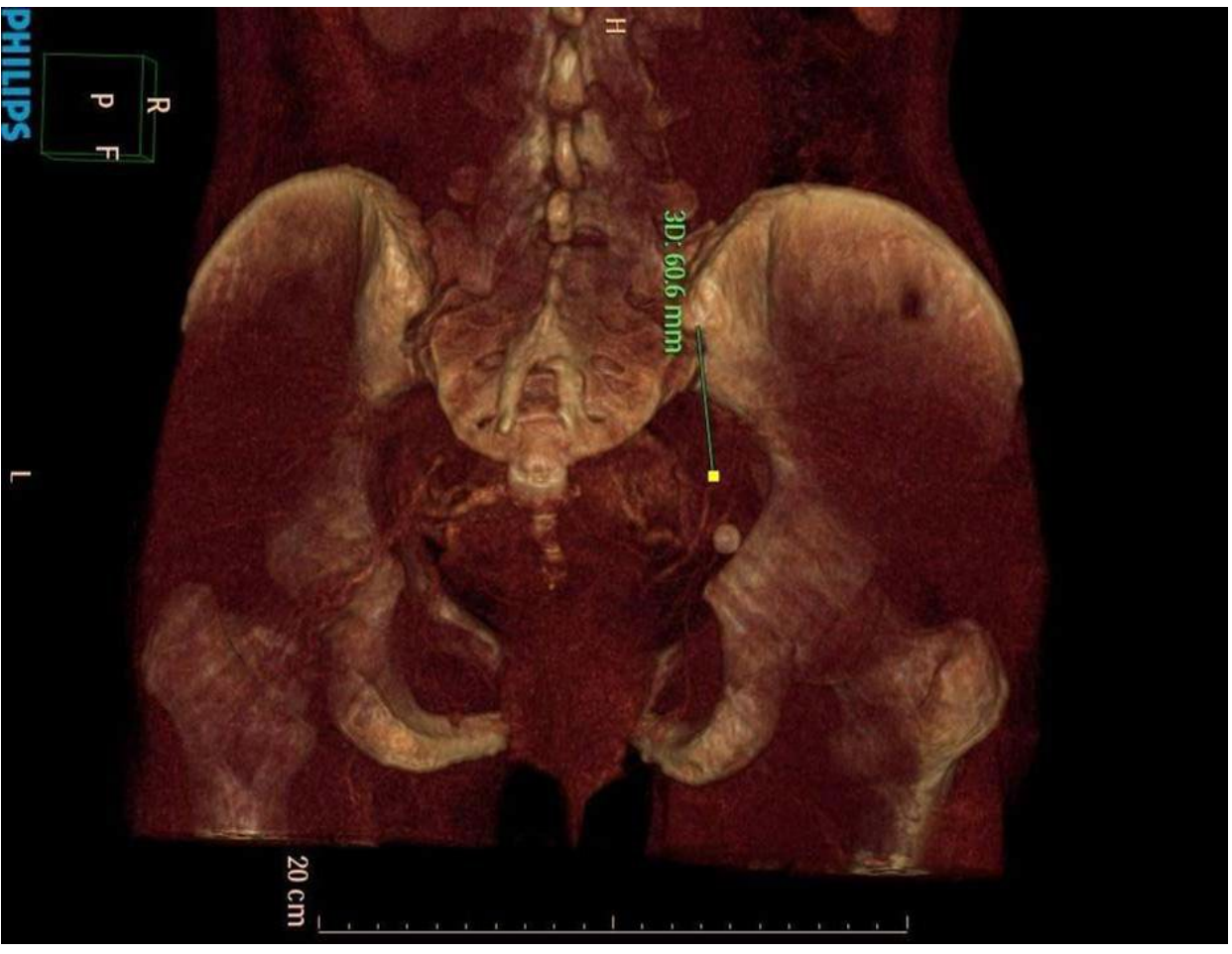
**RESULTS:** The sacral plexus was contacted by the simulated needle in 4 of the 10 volunteers, and the sciatic nerve itself in one volunteer. The plexus was accurately located adjacent to a variety of visceral structures, including small bowel, blood vessels, and ovary. In the remaining five volunteers (in whom the plexus was not contacted on first needle pass), small bowel, rectum, blood vessels, seminal vesicles, and bony structures were encountered. Historically, when plexus is not encountered, readjustment of the needle insertion point more caudally has been recommended. We found that such an adjustment resulted in simulated perforation of intrapelvic organs or the perianal fossa.

**CONCLUSIONS:** These findings question the reliability of the anatomical landmarks of the parasacral block and raise the possibility of frequent visceral puncture using this technique.

(Anesth Analg 2009;108:1708-12)







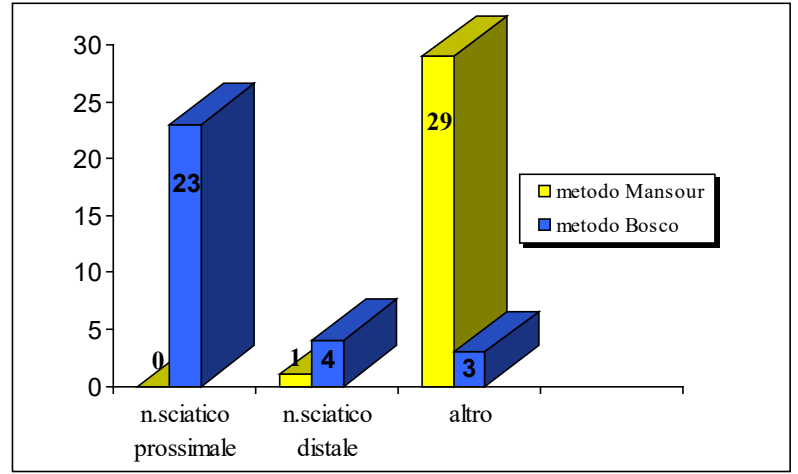
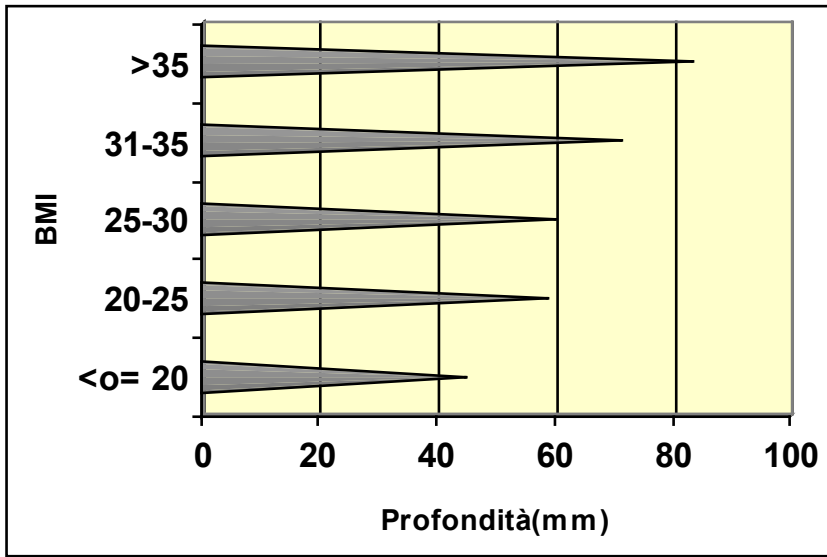


# METODO MANSOUR

<b>STRUTTURA ANATOMICA</b>	<b>N° PAZIENTI (%)</b>	<b>PROFONDITÀ MEDIA (mm)</b>
<b>Vasi iliaci</b>	<b>14 (46,6)</b>	<b>59</b>
<b>Ileo-sacro</b>	<b>9 (30)</b>	<b>33</b>
<b>Colon retto</b>	<b>8 (26,6)</b>	<b>65</b>
<b>Sigma</b>	<b>4 (13,3)</b>	<b>77</b>
<b>intestino tenue</b>	<b>4 (13,3)</b>	<b>64</b>
<b>Ovaio</b>	<b>2 (6,6)</b>	<b>76</b>
<b>N.Sciatico distale</b>	<b>1 (3,3)</b>	<b>65</b>
<b>vescichette seminali</b>	<b>2 (6,6)</b>	<b>31</b>
<b>Vasi pudendi</b>	<b>2 (6,6)</b>	<b>80</b>
<b>Vescica</b>	<b>2 (6,6)</b>	<b>80</b>
<b>Uretere</b>	<b>1 (3,3)</b>	<b>60</b>
<b>Utero</b>	<b>1(3,3)</b>	<b>75</b>

# METODO B.

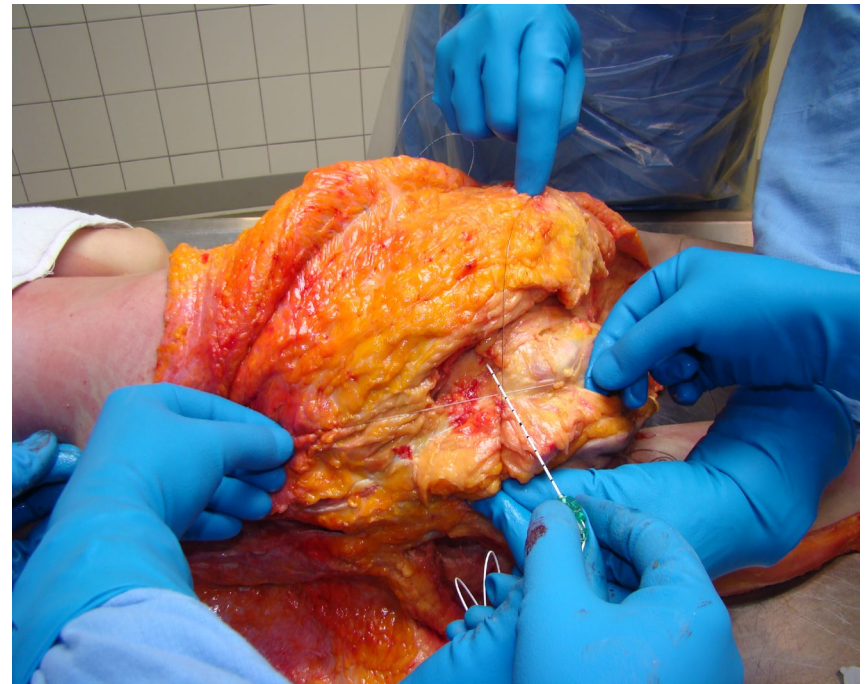
<b>STRUTTURA ANATOMICA</b>	<b>N° PAZIENTI (%)</b>	<b>PROFONDITÀ MEDIA (mm)</b>
<b>n.sciatico pross.</b>	<b>23 (76,6)</b>	<b>59</b>
<b>n.sciatico dist.</b>	<b>4 (13,3)</b>	<b>57</b>
<b>Vena glutea inf.</b>	<b>1 (3,3)</b>	<b>30</b>
<b>intestino tenue</b>	<b>1(3,3)</b>	<b>30</b>
<b>vescichette seminali</b>	<b>1(3,3)</b>	<b>60</b>
<b>Colon retto</b>	<b>1 (3,3)</b>	<b>40</b>



**Full  
Immersion 5**

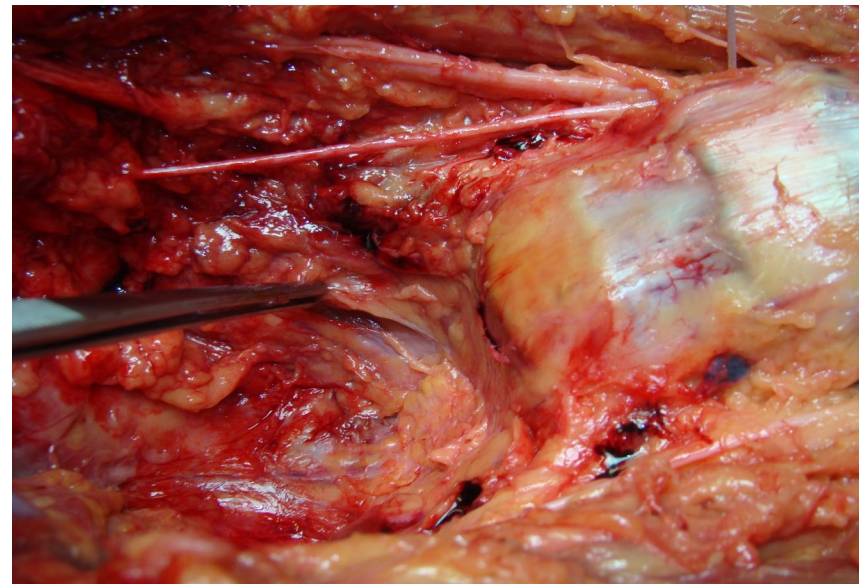
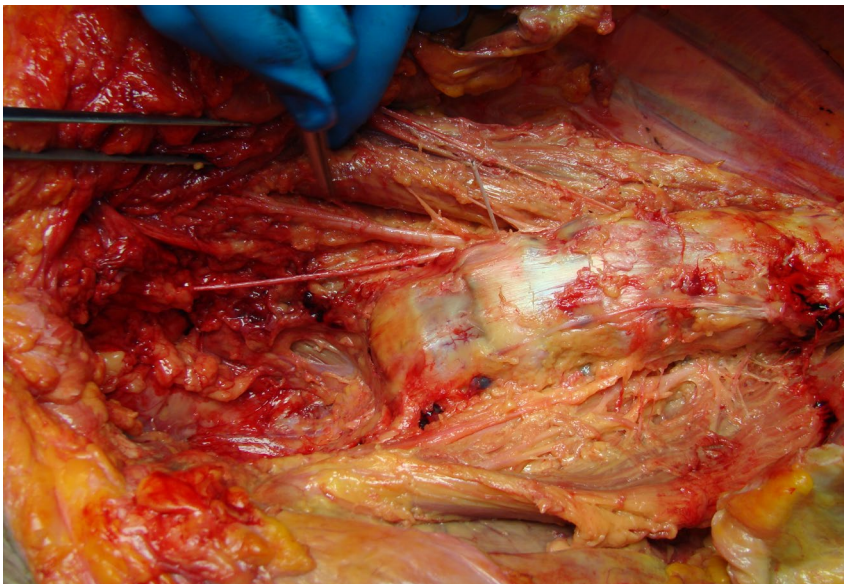
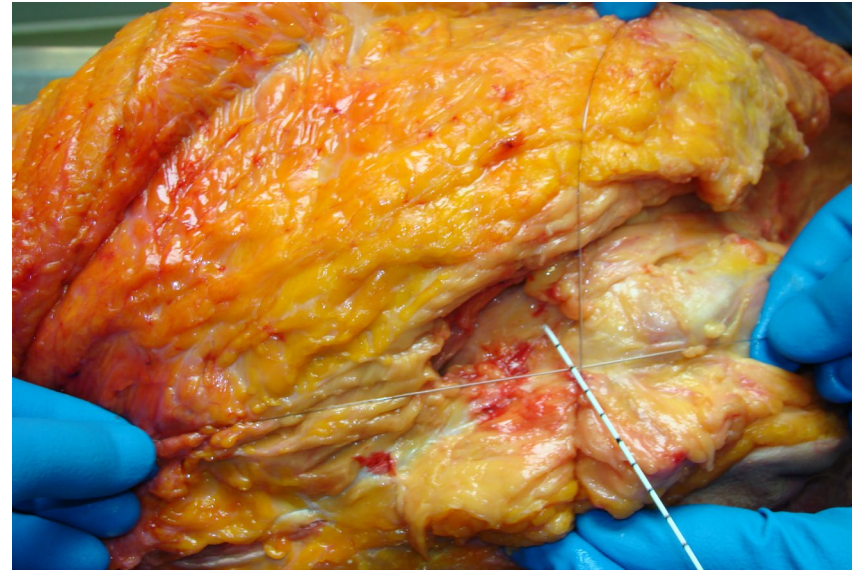
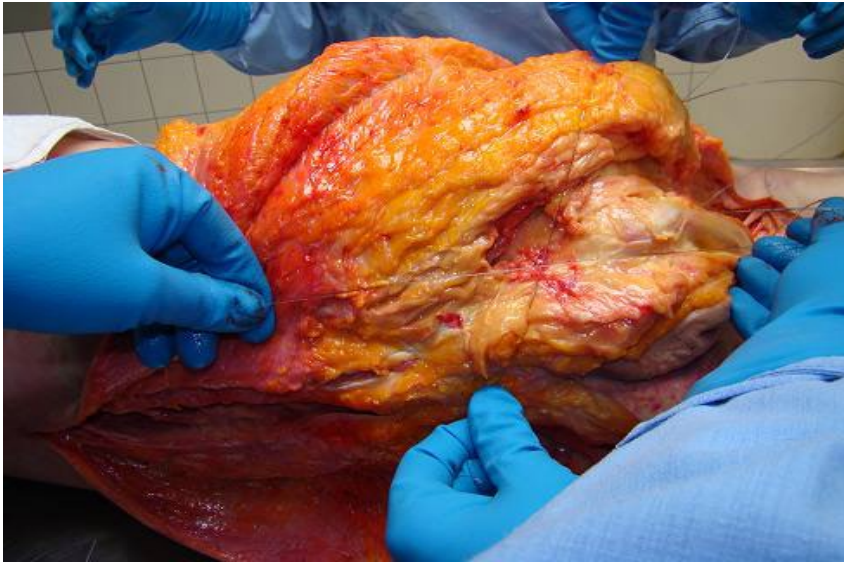
V Edizione

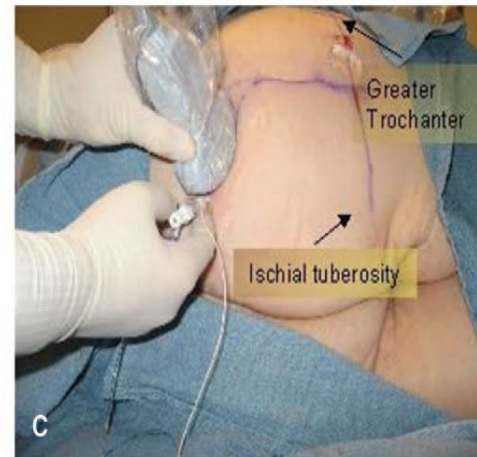
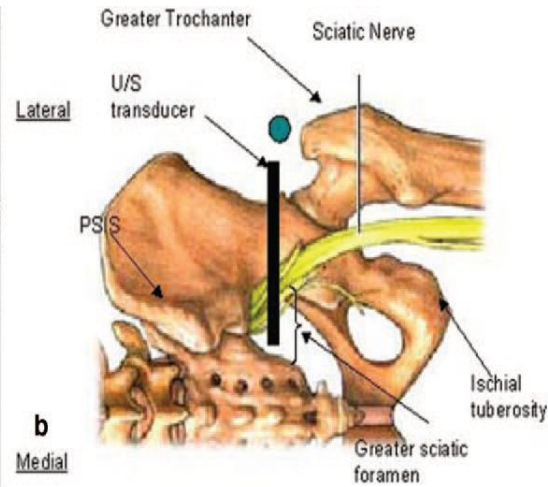
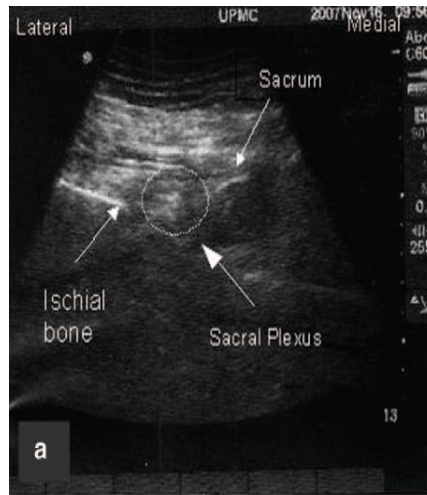
I Corso di Anatomia per  
l'Anestesia Locoregionale  
su Preparati Anatomici

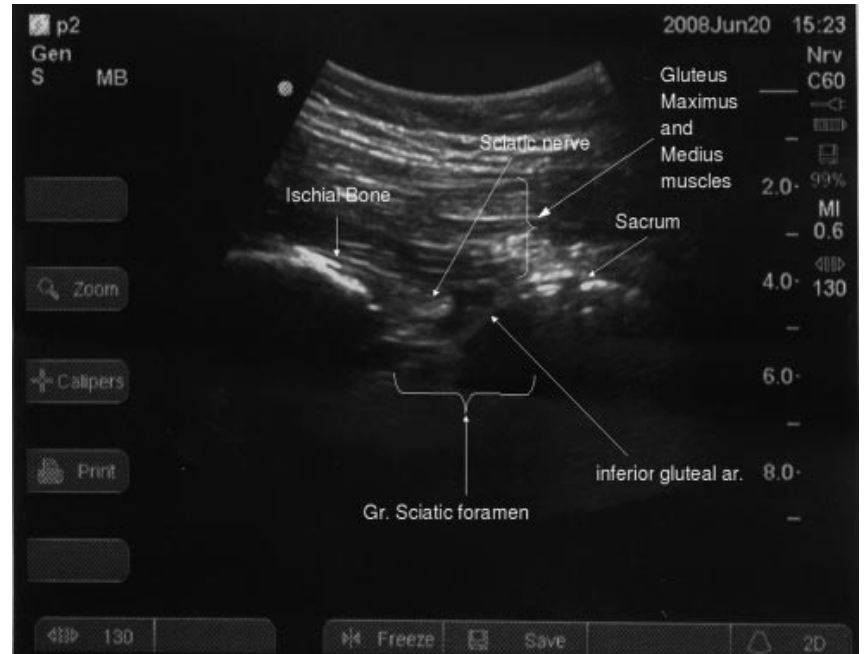
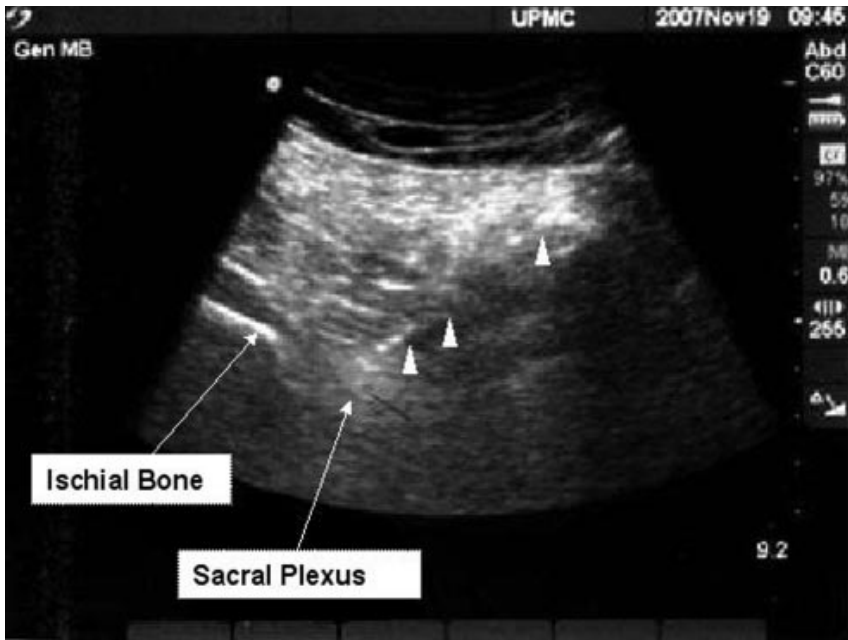




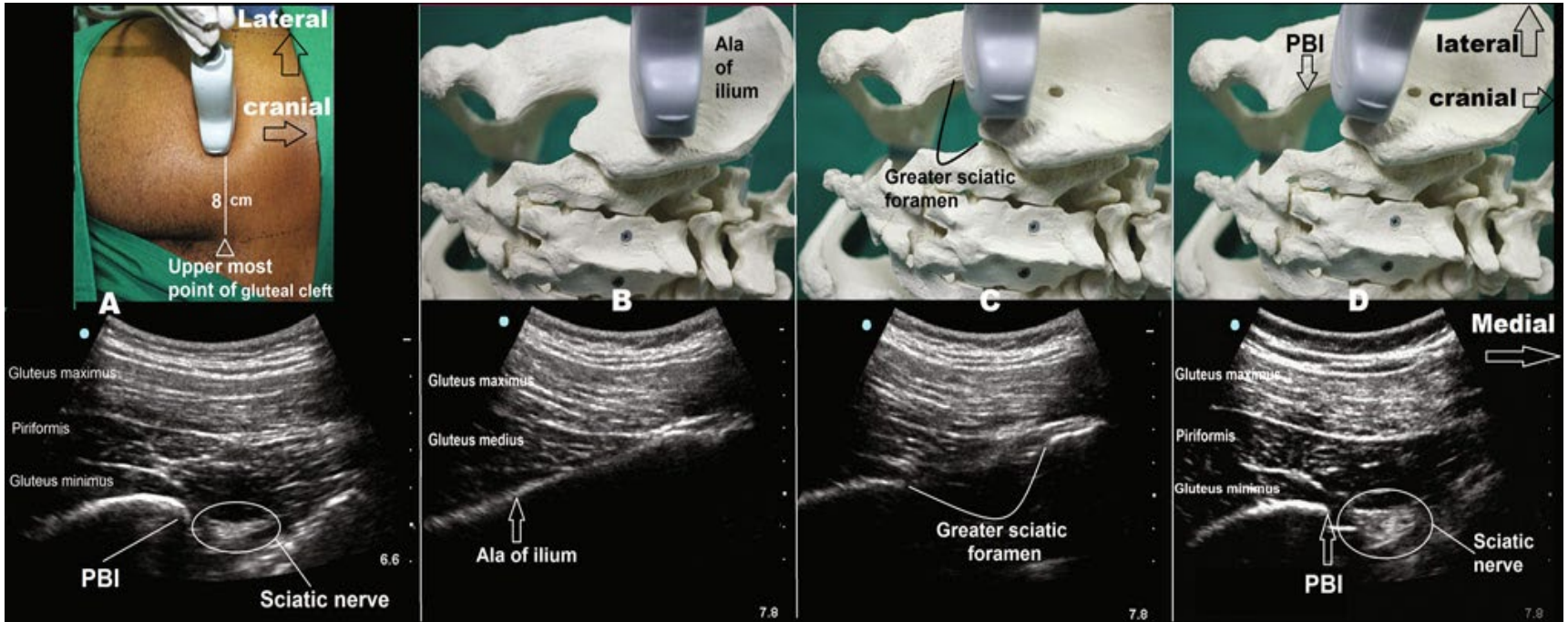
# STUDIO ANATOMICO

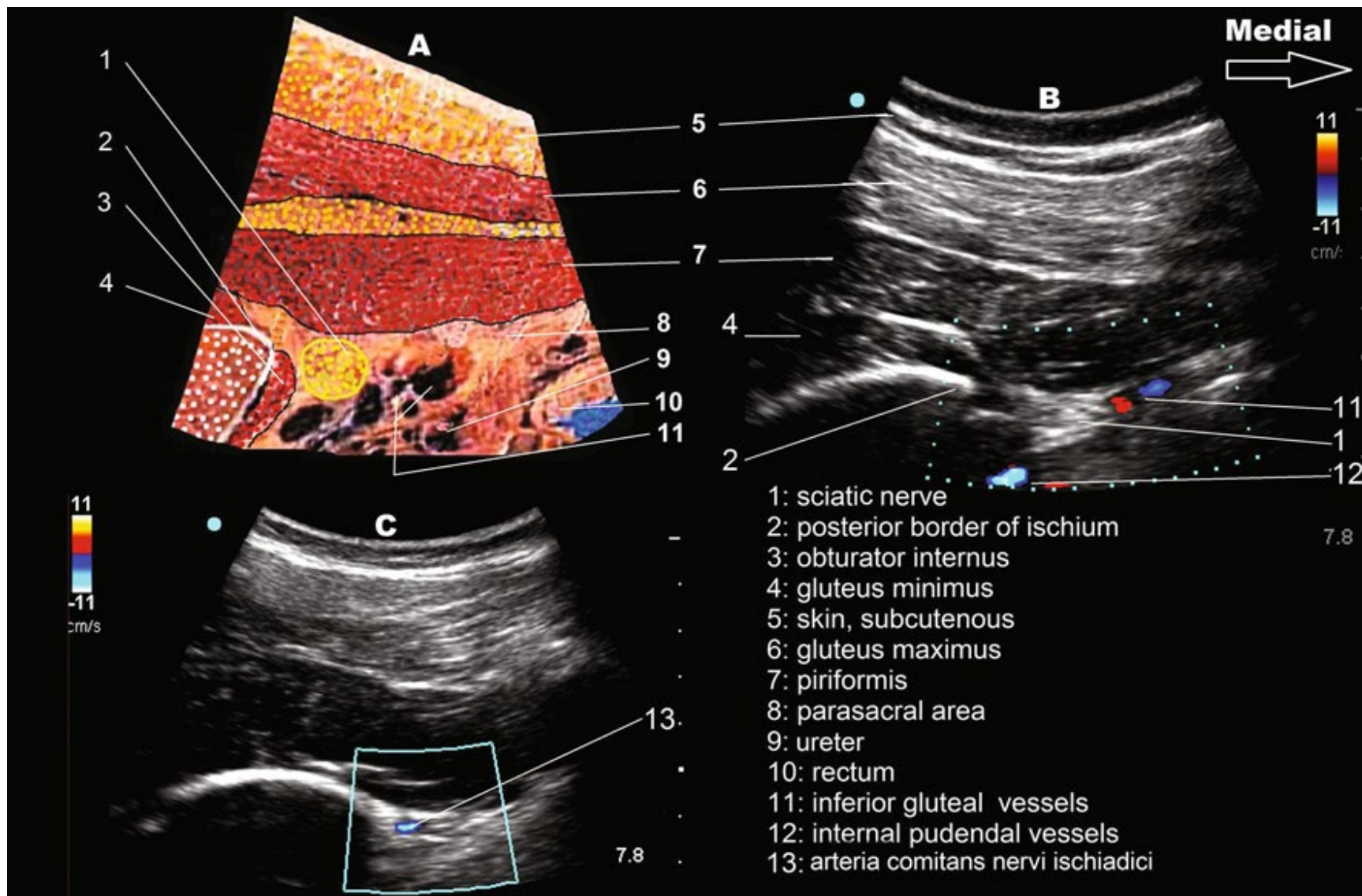












- 1: sciatic nerve
- 2: posterior border of ischium
- 3: obturator internus
- 4: gluteus minimus
- 5: skin, subcutaneous
- 6: gluteus maximus
- 7: piriformis
- 8: parasacral area
- 9: ureter
- 10: rectum
- 11: inferior gluteal vessels
- 12: internal pudendal vessels
- 13: arteria comitans nervi ischiadici

cephalic



cm 8

midline





**Blocco del nervo  
sciatico  
per via  
parasacrale**

