



INTRODUCTION

I N T R O D U C T I O N

The surgeon who is to treat a fracture or dislocation by closed reduction must choose both the proper anaesthetic agent and the proper time for reduction. General anaesthesia, local anaesthesia, or no anaesthesia is the choice, and the surgeons differ widely in their preferences. It is widely accepted that general anaesthesia should be given after hospitalization, routine history taking and physical examination basic urine and blood studies and proper premedication and on empty stomach. This necessitates availability of hospital bed and frequently a delay of two or more hours before definite treatment is carried out and greatly increases the cost of treatment. A study of the use of local anaesthesia in fractures requiring reduction has been carried out in order to evaluate the proper place of local anaesthesia. The obvious advantage of facilitating immediate definitive treatment that can be carried out as hospital out patient or office therapy makes it desirable to extent the use of local anaesthesia as far as possible.

The use of local anaesthesia for the manipulation and reduction of Colles' fractures does not appear to be a frequent practice as judged by paucity of literature on the subject both in the standard texts and individual publications. The most likely reason for this may be the fear of introducing infection into an otherwise uncomplicated closed fracture.

Thus local analgesia is not always perfect and is not suitable for children or nervous adults on the other hand, it has advantage of lasting several hours so that manipulation may be repeated when necessary (Watson Jones, sixth edition, 1982).

A parallel method of reduction where regional anaesthesia is given by intravascular injections of local anaesthetic agents (Wallace et al, 1982) is also simpler but requires resuscitation equipment to cope up with serious side effects, if it occurs, cardiovascular system is considered more resistant than the central nervous system to local anaesthetic toxicity when artificial ventilation is maintained the dose needed to

produce cardiovascular collapse may be several times larger than that which causes respiratory paralysis (Albright, 1979).

Certain conditions where general anaesthesia is contraindicated e.g. head injuries, alcoholics, chest infections etc. The local infiltration has been the method of choice (Dinley and Michelinakis, 1972).
