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"If a man, for instance, could have his hand so obtunded that he could see, but not feel, the performance of amputation upon his own fingers, the practice of anaesthesia in surgery world, in all likelihood, advance and progress even still more rapidly than it has done”.

This striking appreciation of the benefits of local anaesthesia was published in 1848 by James Young Simpson, decades before regional anaesthesia became a practical possibility.

A properly conducted regional technique is not only economical but it also provides good operative conditions and there is virtually no disturbance in various organ system, this is of particular importance in patients with significant medical problems and those arriving in operation room with a full stomach. In such cases, regional anaesthesia allows surgery to be performed with the patient awake, co-operative minimizing the danger of aspiration as against general anaesthesia.

Many anaesthetist believe that regional anaesthesia has its greatest usefulness in surgery over extremities. Brachial plexus block has become the most commonly used technique for anaesthesia of the upper limb. Brachial plexus block was first practiced by Prof. Halsted (1884) by directly exposing the nerve roots in the neck. Supraclavicular approach to brachial plexus described by Kulenkanff is the most popular approach among the various approaches available. The inherent advantage of this technique are:-
(a) Easy accessibility

(b) Simplicity of the technique

(c) Predictable landmarks

(d) Need for lesser volume of drugs and lastly it is performed for surgery over arm, forearm and hand.

These advantages coupled with the advantage offered by regional anaesthesia in comparison to general anaesthesia makes it a more applicable procedure. In contrast the role of regional anaesthesia in clinical practice is limited by the capabilities of the local anaesthetic drugs. Two practical disadvantages inherent with the agents currently available are, firstly the drugs takes a considerable time to work and secondly duration of anaesthesia is limited which may be inadequate for protracted operations.

Since long, lot of efforts have been made to overcome such problems in otherwise safe, economical and cheap procedure.

Observations of different researchers led to the suggestion that relative alkalinity of the local anaesthetic agent can be a major determining factor in altering the onset and duration of block.

This inspired us to conduct the study to evaluate the effect of alkalization of lignocaine hydrochloride on brachial plexus block.