Journal of Orthopedic Surgery and Techniques ISSN: 2578-7187

Mini Review

A Novel Technique for Administering Hamstring Donor-Site Analgesia during Anterior Cruciate Ligament Reconstruction

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Introduction

Postoperative pain following anterior cruciate ligament reconstruction can be mitigated by delivery of local anaesthetic along the hamstring harvest bed [1]. Initially described using an arthroscopic shaver sleeve to deliver the anaesthetic [2], subsequent techniques have described using suction catheter tubing [3]. However, the flexibility of suction tubing can cause problems advancing it along the harvest bed. We describe a novel technique for administering local anaesthetic to the hamstring donor-site.

Technique

A sterile packed anaesthetic bougie (Cook Medical LLC, Bloomington, USA) (Figure 1) is opened and kept sterile. The proximal end is cut toaccomodate a 20 ml Luer slip-type syringe containing 0.25% Chirocaine (Figure 2, Figure 3 and Figure 4). The rigidity of the bougie aids passage along the tract of the hamstring donor-site and the local anaesthetic is injected as the bougie is withdrawn.

Expected Outcome

Patients have improved post-operative pain as expected from local anaesthetic delivery along the hamstring harvest site [1]. The rigidity of the anaesthetic bougie reduces difficulty passing it against the soft tissue envelope and minimises operative time to complete this important step. The malleability of the bougie enables it to be pre-bent to ease passage along the hamstring harvest site.

Complications

No complications have been experienced using this technique.

Conflicts of Interest

The authors declare no conflict of interests.

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Citation: Matthews DJ, Railton G (2021) A Novel Technique for Administering Hamstring Donor-Site Analgesia during Anterior Cruciate Ligament Reconstruction. J Orthop Surg Tech 4(1):237-238



Figure 2, Figure 3 and Figure 4: Anaesthetic bougie cut proximally and attached to Luer slip-type syringe containing local anaesthetic.

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Accepted: February 01, 2021

Published online: February 03, 2021

Citation: Matthews DJ, Railton G (2021) A Novel Technique for Administering Hamstring Donor-Site Analgesia during Anterior Cruciate Ligament Reconstruction. J Orthop Surg Tech 4(1):237-238

DOI: 10.36959/453/553

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