

ABSTRACT:

Background: Transurethral resection of bladder tumour (TURBT) is usually carried out under spinal anaesthesia. During electrical resection of the lateral wall mass, violent adductor contractions may occur and lead to bladder perforation.

Therefore, obturator nerve block (ONB) is mandatorily followed after spinal anaesthesia to avoid this complication.

Aim of the study:

Comparing the success rate and efficacy of an inguinal approach with pubic approach for ONB using nerve stimulator.

Methods: Sixty patients who required ONB undergoing TURBT with spinal anaesthesia were included in this study. After spinal anaesthesia, ONB was performed with inguinal approach (Group I, n = 30) or pubic approach (Group P, n = 30) using a nerve stimulator. If the adductor contraction had not occurred by the 3rd attempt, it was defined as a failed block. Number of attempts, needle depth, performance time, success rate and the presence of adductor contraction during operation were evaluated.

Results: The success rate of ONB was higher in group I compared to group P (90% vs. 73.3%, P = 0.0067). The required needle depth was lower in group I than in group P (3.00 cm vs. 6.04). The performance time was quicker in group P compared to group I (3.96 minutes vs, 2.45 minutes, P=0.006). There is no significant difference in the number of attempts.

Conclusions: The inguinal approach for ONB appears to be technically easier and offers certain anatomical advantages compared to the pubic approach which is quicker to achieve.

Key words: Inguinal approach, Obturator nerve block, TURBT