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Short Communication

# How I Perform My Local Anesthesia Myself for Minimally Invasive Forefoot Surgery

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Forefoot surgery is performed by podiatrists in the United States, in Office Based Surgery. Would it be possible to move towards this type of lighter care, in France? This communication provides an answer to the possibility of an efficient local anesthésia of the patients for forefoot surgery, which opens the way to office-based surgery.

This local anesthesia is carried out by a single operator, exclusively for forefoot surgeries without fixation, according to the principles set out in 2004 by Dr. Mariano De Prado. It is a local block aimed at systematically anesthetizing both parts of the fibular nerve, the tibial nerve and occasionally the sural nerve, according to the nature of the proposed gesture. I use 2 anesthetic products (Ropivacain and Mepivacain) associated with a powerful corticosteroid and bicarbonate. Injections are carried out according to a strict protocol based on simple anatomical markers. A self-hypnosis technique can be associated if the patient's emotional state requires it. The patients were all contacted the next day and reviewed on D21, D45 and D+4 months.

Anesthesia of the fibular and the sural nerves have a 100% success rate over a series of about 800 patients per year. Anesthesia of the tibial nerve has a success rate of about 95% - 97% on this same series of patients. In this case, a supplement with non-adrenalized Xylocaine 2% is carried out peroperatively with a success rate of 100%. No cancellation of the intervention was to be deplored for failure of local anesthesia. A rate of 0.1% of vagal discomfort was to be deplored. No hemorrhagic or infectious complications. No loss of sight in this series on the duration of the follow-up.

The difficulty of this local anesthesia is especially present for the tibial nerve, which requires a rigorous technique, thanks to precise anatomical landmarks. Obesity is clearly a factor of failure. Of course, ultrasound with a pulsed doppler would certainly prevent these failures by making it possible to visualize the posterior tibial artery. However, the efficiency gain in the loss of time generated is to be weighed. Hypnotherapy makes it possible to effectively and quickly de-stress emotional patients.

This local anesthesia technique carried out by the surgeon himself seems to me a useful evolution towards a simplification of management and is totally part of a RAAC process in my opinion.