



بسم الله الرحمن الرحيم



# شبكة المعلومات الجامعية التوثيق الالكتروني والميكرو فيلم

# جامعة عين شمس

التوثيق الالكتروني والميكروفيلم

## قسم

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# بعض الوثائق الأصلية تالفة

# بالرسالة صفحات لم ترد بالاصل

**LATERAL APPROACH VERSUS POSTERIOR APPROACH FOR  
SCIATIC NERVE BLOCK IN THE POPLITEAL FOSSA. A  
COMPARATIVE STUDY**

**THESIS**

Submitted for the fulfillment of  
M.D Degree in Anaesthesia

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

"الحمد لله الذي هدانا لهذا وما كنا لنهتدي

لولا أن هدانا الله "

صدق الله العظيم

اجتماع لجنة الحكم على الرسالة المقدمة من  
د. هاشم الهادي  
الطبيب /  
توطئة للحصول على درجة الماجستير /  
علم الفيزياء

تحت عنوان : باللغة الانجليزية :  
Lateral approach versus posterior approach for sciatic nerve block

in the posterior forsa : A Comparative study

: باللغة العربية : دراسة مقارنة بين الطريقتين الخلفية والجانبيه  
للخلف لتخدير العصب الوركي في الحفرة الخلفية

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بعد فحص الرسالة بواسطة كل عضو منفردا وكتابة تقارير منفردة لكل منهم لانتعادت اللجنة مجتمعة في

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## Abstract

The posterior approach for sciatic nerve block at the popliteal fossa is more rapidly and easily performed than the lateral approach, but it requires placement of the patient in the prone position which is not always possible. 60 patients in this study were classified into 2 groups, of 30 patients each as regards, lateral approach and posterior approach. In both groups, after electrolocation of the sciatic nerve 40 ml of ropivacaine 0.5 % was injected. Performance time was shorter for posterior approach ( $7.27 \pm 0.74$  vs.  $8.80 \pm 0.55$  min). VAS was better for lateral approach ( $2.0 \pm 1.69$  vs.  $2.4 \pm 1.57$ ), stress response show no difference between both groups. Conclusion: lateral approach to sciatic popliteal block is comparable with the posterior approach but it is more useful as it is performed for patients in the supine position e.g. pregnant, ventilated patients, haemodynamically unstable patients.

**Key words:** Anaesthetic technique, regional block, popliteal block.

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*Hossam El Shamaa*

## List of Abbreviations

<b>AAG</b>	$\alpha_1$ - acid glycoprotein
<b>ADM</b>	Abductor digiti minimi
<b>AH</b>	Adductor hallucis
<b>ASA</b>	American Society of Anaesthesiologists
<b>CNS</b>	Central nervous system
<b>DP</b>	Deep peroneal nerve
<b>ECG</b>	Electrocardiography
<b>ES</b>	Sural nerve
<b>FDA</b>	Flexor digitorum accessorius
<b>FDB</b>	Flexor digitorum brevis
<b>FDMB</b>	Flexor digiti minimi brevis
<b>IS</b>	Saphenous nerve
<b>IV</b>	Intravenous
<b>LA</b>	Local anaesthetic
<b>NBP</b>	Non- invasive blood pressure
<b>OR</b>	Operating room
<b>PB</b>	Popliteal block
<b>SD</b>	Standard deviation
<b>SN</b>	Sciatic nerve
<b>SP</b>	Superficial peroneal nerve
<b>VAS</b>	Visual analogue scale



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