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LETTER TO THE EDITOR

# Resorting to alternate anesthesia techniques during Covid-19 crisis

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Dear Editor,

The COVID-19 pandemic has created unprecedented challenges to the delivery of routine health care. Many countries, including India, are witnessing the second wave of the pandemic. Tremendous increase in the requirement of essential supplies for COVID-19 management is being witnessed worldwide. Oxygen is vital and effective in the management of COVID-19 patients, the scarcity of which has led to a rise in preventable deaths [1]. We have reached a place in this pandemic where this precious resource needs to be conserved, redirected and effectively utilized toward saving lives. Oxygen is essential during the administration of general anesthesia (GA) in the operating room. Therefore, as a contingency, several states in India have resorted to canceling elective surgical procedures to conserve oxygen. Such a drastic measure should not affect routine oral and maxillofacial procedures, especially that of trauma. Though an isolated maxillofacial injury rarely results in mortality, an ineffective/ delayed primary management leads to long-term morbidity. Lockdowns and travel restrictions have resulted in lesser incidence of high-energy trauma. The use of regional anesthesia (RA) in the form of superficial/ intermediate cervical plexus blocks, intraoral/ extraoral maxillary/mandibular nerve blocks for the management of simple maxillofacial injuries should be explored in these circumstances. Along with minor sedation, the authors use these techniques for intraoral and extraoral surgical procedures involving the mandible (Fig. 1) and some areas of the midface (Study in progress, pending publication). The use of RA will minimize the requirement of oxygen cylinders; the availability of an oxygen concentrator is sufficient unless an airway emergency arises. In relation to the pandemic scenario, RA will not only conserve oxygen, but also reduce the potential aerosol generating procedures like endotracheal intubation and suctioning which have the potential to spread the disease. Use of RA in maxillofacial surgery is not entirely new. Several publications have explained these techniques and have studied the utilization of the same in the management of maxillofacial injuries [2]. The procedure is less technique sensitive, safe and effective with several physiological advantages to GA. As with every procedure, it has its limitations and adverse effects which need to be considered before decision making [3]. A contingency of conversion to GA including patient consent, equipment and expertise to manage a difficult airway is nevertheless mandatory. Using these techniques during the times of crisis will go a long way in making us responsible citizens delivering timely and effective oral and maxillofacial health care.

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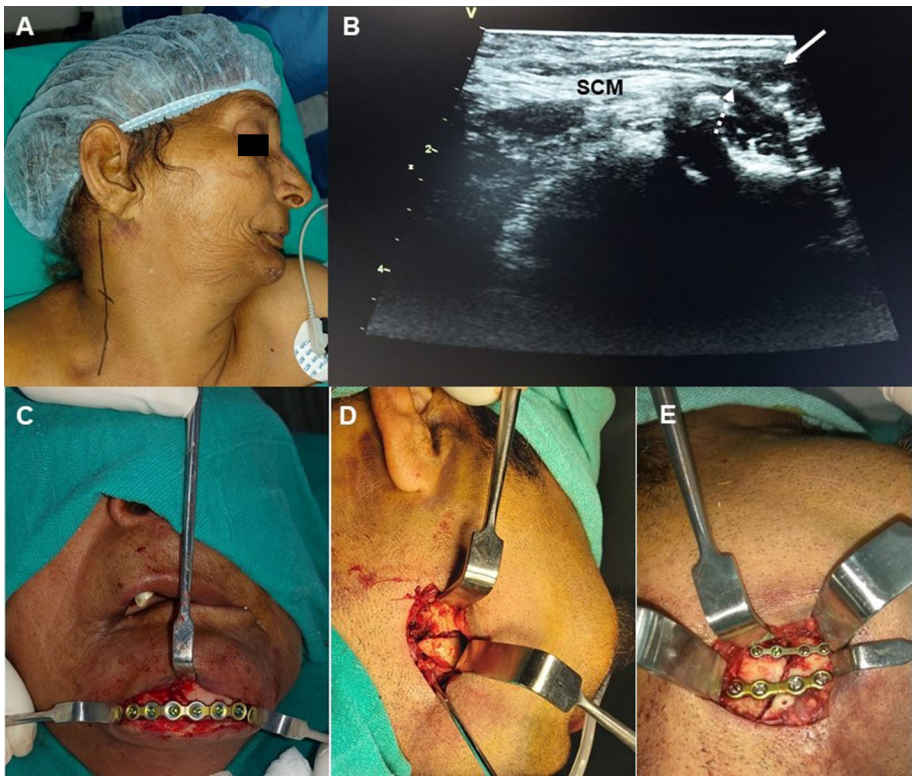


**Fig. 1** **A** Position and marking for superficial cervical plexus block **B** Ultrasonography appearance of the injection site. Broken arrow points to the posterior border of Sternocleidomastoid (SCM); Arrow points to the site insufflated after the injection of local anesthetic solution **C** Fixation of symphysis fracture of patient in A through an existing laceration; note that the patient underwent bilateral superficial cervical plexus block with bilateral mental nerve block with lingual infiltration **D** Displaced fracture of mandibular angle exposed using a submandibular incision with superficial cervical plexus block and extraoral mandibular nerve block vis sigmoid notch approach **E** Fixation of the fracture of mandibular angle as in **D**

**Compliance with ethical standards**

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