



# Sacral plexus block for postoperative analgesia in ankle surgery : Mansour's block technique

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### Introduction

In 1993, Mansour described sacral plexus block technique. It is indicated for anesthesia and analgesia of the lower extremity, the first papers reported a success rate of 60-90%.

Reported complications of the block are: obturator nerve block, , parasympathetic blockade of the pudendal nerve and perineal (incontinence and urinary retention when performed bilateral), vascular puncture, intravascular injection and perforation of viscera .

### Materials and Methods

We report two ASA I male patients of 28 years, 60 kg and 30 years 67 kg respectively, scheduled for open reduction and internal fixation.

Mansour block was performed on both cases after spinal block with bupivacaine 7.5 mg. In the lateral decubitus position, the needle is inserted following landmarks described by Mansour and the localization of the sacral plexus is confirmed by the stimulation of the common peroneal nerve or tibial nerve with NE . And the Mansour block was performed with 20 ml of ropivacaine 0.2%.



### Results

No patient reported pain at the recovery room. One patient experienced urine retention at the recovery room for 60 minutes and had spontaneous resolution ,the same patient also referred gluteal anesthesia and full painful bladder by abdominal palpation.

Twelve hours after block placement, both patients recovered perineal sensibility. Only one patient referred , 12 hours after block a 3 on visual analogue scale for pain assessment (VAS) , requiring 50 mg of tramadol IV with resolution of pain. The second patient remained asymptomatic.

Both patients were discharged 24 hours after the surgery with a range of 1 to 3 on VAS and complete block resolution.

### Conclusions

To our knowledge, this is the first report of urinary retention secondary to unilateral Mansour's block. The Mansour block technique is easy to perform and an effective alternative to other approaches of sciatic nerve blockade.

### References

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