

## What's In This Chapter

The physician who practices in a remote or resource-scarce region is frequently a generalist but must perform a variety of specialist duties simultaneously, acting at once as internist, pediatrician, obstetrician, parasitologist, intensivist, surgeon, and anesthesiologist. We have found that those who are successful in such practices are unique individuals, and possess an outlook characterized by simultaneous humility, humor, and resourcefulness. This chapter is dedicated to the individuals who have devoted their lives to such practices.



**25-1** Kijo, a young but experienced nurse, provides simultaneous aid in anesthesia, patient monitoring, and operating itself.

Contained in this chapter is information on the following topics:

### **Equipment and supplies**

#### **Safety issues**

##### **GOLDEN RULES OF ANESTHESIA**

#### **Local and regional anesthesia**

##### **GENERAL METHODS**

##### **FIELD BLOCKS**

##### **LOCAL INSTEAD OF GENERAL ANESTHESIA**

##### **INTERCOSTAL BLOCK**

##### **INGUINAL HERNIORRAPHY BLOCK**

##### **SAFE DOSAGES**

#### **Ketamine**

**INDICATIONS**  
**PREMEDICATION?**  
**BASIC METHODS**  
**RECOVERY**  
**SAFETY ISSUES**

**Spinal anesthesia**

**INDICATIONS**  
**METHODS**  
**COMPLICATIONS**

**Muscle relaxants**

**SUCCINYLCHOLINE**  
**PANCURONIUM**

**Special Considerations: Pediatrics**

**Special Considerations: Obstetrics**

**DILATION AND CURETTAGE**  
**CAESAREAN SECTION**

**Spinal Anesthesia**  
**Ketamine Anesthesia**  
**Rectus Muscle Block**  
**Local Anesthesia**

## **A Unique Approach To Anesthesia**

“The only means of access to our hospital at present is by walking over the mountains for a week. All supplies have to be carried in by porters who take two weeks for the journey. For the first two and a half years, we worked in a traditional Nepali house with a thatched roof and a floor made of mud and cow dung. In it we did over 100 operations by the antiseptic method, without serious mishap. Later, limited space became available, so that although we enjoyed the advantages of tap water, a concrete floor, a clean ceiling, and adequate window ventilation, we still had to operate on a light outpatient type of table and in the same room in which the outpatients received all their medications, injections, dressings, incisions, and dental extractions. We almost always used epidural or local anesthesia.” Dick JF: Antiseptic surgery. *Lancet* 2:900, 1966.

### **Introduction**

Health care in remote or poverty-stricken regions is frequently delivered under desperate circumstances. This is particularly true for patients whose injuries or illnesses require urgent surgery. In such cases, a needed procedure may be impossible due to lack of proper anesthesia or skilled anesthetist.

This chapter is written for any medical caregiver, from nurse to medical student to surgeon, who must perform anesthesia in a remote locale, where someone more experienced is not available. Though no substitute for training and experience, it provides