

Chlorprocaine offers adequate anesthesia for knee arthroscopy

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block (median, 120 versus 165 minutes) and discharge home (mean, 3.7 versus 4.7 hours). The chlorprocaine group had higher peak sensory block (median T9 versus T10). At 20 minutes, mean arterial blood pressure was lower and use of vasopressor drugs was higher (22.7 versus 10 percent) in the chlorprocaine versus the prilocaine group. There was no difference between the groups in terms of frequency and type of medication for postoperative pain management. On days 1 and 7, patient satisfaction did not differ between the groups.

The results "confirm earlier observations that both short-acting spinal anesthetics chlorprocaine and prilocaine result in adequate anesthesia with quick recovery of sensory/[motor functions](#) for knee arthroscopy in the ambulatory setting," the authors write.

(HealthDay)—Chlorprocaine results in adequate anesthesia with quick recovery of sensory/motor functions for knee arthroscopy in the ambulatory setting, according to a study presented at the Annual Regional Anesthesiology and Acute Pain Medicine Meeting, held from April 11 to 13 in Las Vegas.

Elsbeth Wesselink, Pharm.D., and Marcel de Leeuw, Ph.D., from the Zaans Medical Center in Zaandam, Netherlands, and colleagues conducted a prospective study involving 150 [patients](#) undergoing knee arthroscopy in day-case surgery. Patients were randomly assigned to either a spinal injection of 40 mg 2-chlorprocaine or hyperbaric prilocaine.

The researchers found that compared with prilocaine, chlorprocaine resulted in a shorter time to complete recovery from motor blockade (median, 60 versus 75 minutes), faster onset of sensory block (median, two versus four minutes), and shorter times to full regression of sensory

More information: [Abstract](#)
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