Properly injected local anesthesia can be almost painless with attention to a few simple details that have been published in a previous *Plastic and Reconstructive Surgery* video¹ (see Video 3, which demonstrates injection tips for “hole in one” local anesthesia, available in the Related Videos section of “The Safe Management of Anesthesia, Sedation, and Pain in Plastic Surgery” CME article in the October 2010 online issue of the *Journal*, at www.PRSJournal.com). The purpose of this new video is to provide simple instructions for almost pain-free carpal tunnel surgery in which there is no need for sedation or tourniquet. As can be seen in the video, all that the patient feels is one poke of pain (a hole in one) with a fine 27-gauge needle in the wrist, and then no pain at all for the rest of the local anesthetic injection and the operation (Figs. 1 through 4). Epinephrine²–⁴ injected with the lidocaine provides hemostasis and eliminates the need for a painful tourniquet. The technique is reproducible, as almost all medical students and residents who rotate through our service are able to achieve a “hole in one” in local anesthetic injection, as they are all scored by our patients, and must learn how to do this as part of their rotation.

In Canada, more than 90 percent of carpal tunnel operations have moved to being performed with the surgeon as the only anesthesia provider with pure local anesthesia, or with the patient wide awake.⁵ In contrast, in the United States, the majority of carpal tunnel operations are still performed with a tourniquet and with sedation, blocks, or general anesthesia provided by a nurse anesthetist or anesthesiologist. One of the reasons for this is the commonly held feeling that “My patients need sedation.”

When the sedation-free alternative is offered to patients in a positive manner, many if not most prefer this choice for several reasons. For the patient, no sedation means no postoperative nau-
sea/vomiting and no hospital admission to deal with anesthetic interactions with diabetes, heart problems, lung problems, and other problems. They simply get up and go home after surgery just like they do when they go to the dentist, with no need for anyone to look after them or their children. It also means that they do not need to go to the hospital for a preoperative anesthetic visit. This eliminates a second trip to the hospital for preoperative testing, which means eliminating the costs and inconveniences of taking a second day off work, driving and parking, the need for a babysitter, and so forth. It also eliminates, for example, a preoperative needle for drawing blood, chest radiography, electrocardiography, and an anesthesiologist visit.

These patients do not need preoperative testing any more than a patient going to the dentist or having a nevus excised would need preoperative testing; only lidocaine and epinephrine are used. If there is concern about the small amount of lidocaine and epinephrine injected in the video, it can be decreased by 75 percent by diluting it fourfold to 0.25% lidocaine with 1:400,000 epinephrine, which would be just as effective as 1% with 1:100,000. Another alternative would be to decrease the amount by another 50 percent by foregoing the median nerve block part of the technique described in the video and injecting only the incision. Many wide-awake surgeons limit their injection to the incision.

From the surgeon’s perspective, the inconveniences of having another anesthesia provider vanish, and the operation becomes much more efficient. The surgeon can inject patients outside the operating room on a stretcher in between cases. The surgeon can inject the third patient while the first patient is leaving the operating room and the second already anesthetized patient is being brought into the operating room. Be-
It is mostly the fear of pain that drives patients to thinking they might want sedation. This film attempts to instruct how to allay this fear. (See Video, Supplemental Digital Content 1, demonstrating simple instructions for an almost pain-free carpal tunnel operation in which there is no need for sedation or tourniquet, http://links.lww.com/PRS/A212.)

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REFERENCES

Future Meetings of the American Society of Plastic Surgeons
The following are the planned sites and dates for future annual meetings of the American Society of Plastic Surgeons:

- 2011 Denver, Colo. September 23 to 28
- 2012 Washington, D.C. November 1 to 7
- 2013 San Diego, Calif. October 11 to 16