

This material is provided for educational purposes and represents the technique used by the following surgeon. Catheter placement is provided for guidance only and is subject to the individual expertise, experience and school-of-thought of the surgeon placing the catheter. This protocol is not to be construed as I-Flow's specific recommendation.

Hand Surgery

Cubital tunnel release, radial tunnel release, epicondylectomy (tennis elbow), CMC arthroplasties, hand & wrist fractures/fusions, ligament reconstruction

Dr. Scott Oishi, MD

Hand Surgery

Baylor Medical Center of
Garland



Garland, Texas

Sample Protocol

Pump Used:

PM012: 100 ml x 2ml/hr

Drugs in Pump:

100 ml of 0.25% bupivacaine plain

Catheter Placement:

The catheter is placed in the base of the wound and brought out through a separate stab incision.

Catheter Securement Technique:

When the catheter is properly placed, apply one steri-strip at the insertion site. Also, apply a small sterile Tegaderm® to hold down approximately 2-3 inches of the catheter. Then apply normal dressing and/or a splint. Avoid kinking of the tubing throughout its course.

Postoperative Bolus Technique:

0.25% bupivacaine plain (injected)

Drug Manufacturers' Recommended Dose

Maximum 24 Hour Dose

Drug	Maximum
Bupivacaine (Marcaine®, Sensorcaine®)	400 mg
Levobupivacaine (Chirocaine®)	695 mg
Ropivacaine (Naropin®)	770 mg

Maximum Total Dose

24 hour dose not specified

Lidocaine (Xylocaine)	300 mg
--------------------------	--------

All local anesthetics are without epinephrine and manufacturer recommendations should be regarded as guidelines for use in adults.

CAUTIONS:

- Medications used with this system should be administered in accordance with instructions provided by the drug manufacturer (see guidelines above). Surgeon is responsible for prescribing drug based on each patient's clinical status (e.g., age, body weight, disease state of patient).
- Vascoconstrictors such as Epinephrine or Adrenaline are not necessary and may not be recommended for continuous infusions.
- Refer to ON-Q PainBuster Directions for Use for full instructions on using the ON-Q PainBuster System.
- Caution should be used when selecting appropriate volumes and flow rates keeping in mind potential fluid build-up in a restricted space that may lead to a complication, particularly with hand and/or foot surgery. Complications may include: blisters, dehiscence, seromas, sloughing tissue and subsequent necrosis when too much fluid is delivered near the distal end of extremities. It's not recommended for incisional site delivery near the distal end of extremities; instead, a nerve block approach is preferred. The above protocol is an example. Avoid flow rates in excess of 2 ml/hr and total volumes greater than 100 ml. Technical Bulletin available upon request.

Hand Surgery

Dr. Scott Oishi, Baylor Medical Center, Garland, TX

These images are for general guidance only and not intended to be construed as I-Flow's specific recommendation.

Puncture Site



Placement

