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Intrathecal Morphine Injection in Anterior Lumbar and Lateral Lumbar Spine Surgery

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Intrathecal Morphine (ITM) is routinely used in many surgical specialties as an adjunct to postoperative analgesia. Patients undergoing Lumbar Spinal Surgery commonly experience early postoperative pain. There have been multiple reports of the benefits of ITM in Lumbar Spine Surgery where it has been shown to significantly reduce the need for intravenous opioid analgesia, improve time to mobilization, and shorten length of hospital stay. ITM is yet to become standard of care in Lumbar Spine Surgery likely due to concerns of it causing a Cerebrospinal Fluid (CSF) leak. In recent times Anterior Lumbar Spine Surgery (ALSS) and Lateral Lumbar Spine Surgery (LLSS) have increased in popularity although they are still performed in fewer numbers in comparison to the posterior [Posterior Lumbar Interbody Fusion (PLIF)] or transformational [transforaminal Lumbar Interbody Fusion (TLIF)] approaches. Although the number of ALSS and LLSS procedures is increasing, to our knowledge there have been no reports of ITM administered via either approach reported in the literature. Herein we describe an intra-operative technique for injection of Morphine into the dural sac via the Anterior and Lateral approaches to the Lumbar Spine. We propose that this technique can be performed easily and quickly with standard surgical equipment that is commonly available. Through use of this technique, patients undergoing spine surgery may benefit from ITM with minimal risk of iatrogenic CSF leak.

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