

# SPINAL ANAESTHETIC WITH PATIENT WEARING ENHANCED COMBAT BODY ARMOUR

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These images were taken in January 2008 on OP TELIC 11 within British Military Hospital Basrah (BMHB). During this month there were 15 days on which at least one insurgent Indirect Fire (IDF) attack occurred.

A 25 year British infantry soldier presented to BMHB with a two day history of left perianal swelling. He had no bowel habit change, passage of blood or discharge per rectum and was otherwise fit and well. Three months previously he had had a right sided perianal abscess drained in Edinburgh Western Infirmary. On examination at the field hospital he had a 3cm x 5cm pointing left side perianal abscess. After his arrival in theatre two IDF attacks occurred. Between these attacks the all clear was given and 2mg Midazolam was administered intravenously. The theatre was shaken by the nearby impact of a rocket. The decision was made to proceed with the saddle block after the second all clear, with the soldier wearing longitudinally rotated (back to front) Enhanced Combat Body Armour (ECBA) and a Mark 6A (MK6A) Helmet as shown in image 1. A satisfactory saddle area block was created with Bupivacaine 0.5% in glucose 8% (AstraZeneca). He had a rigid sigmoidoscopy and incision and drainage of the perianal abscess without complication, with the surgeon also wearing ECBA and MK6A Helmet as shown in image 2. The patient was returned to the UK the following day on the weekly aeromedical flight (Priority 3, Dependency 4, Class 4) with colorectal follow up.



Figure 2: I&D perianal abscess in ECBA

Rotating the ECBA to provide a dorsal opening facilitated the delivery of the spinal anaesthetic. It is important to bear in mind that the block may spread cephalad and that parts of the patient's back may become insensate. Correct positioning of the ECBA is essential to ensure that there are no adverse pressure effects from such items as the ceramic plates and straps.



Figure 1: Soldier wearing ECBA undergoing a saddle block

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