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OCIETY FOR ULATORY NESTHESIA

Outpatient • Office Based • Non-Operating Room

Disclosure

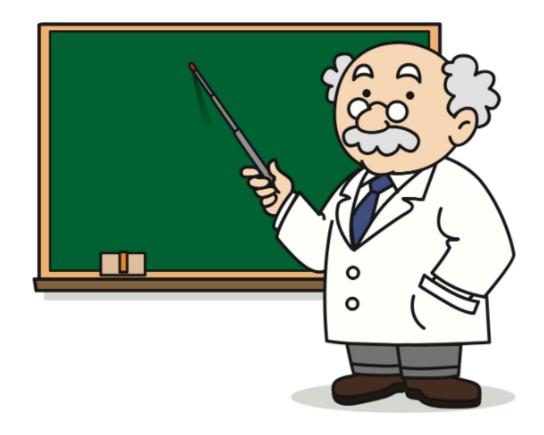
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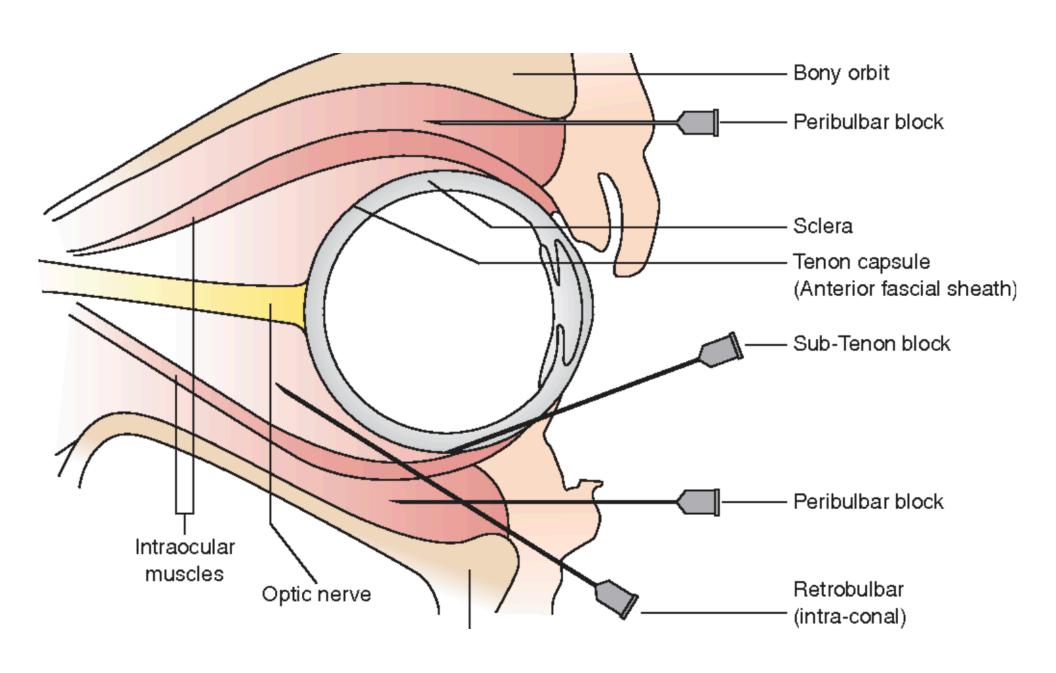
Learning Objectives

- 1. Describe the anatomy and function of Tenon capsule
- 2. List eye surgeries appropriate for sub-Tenon block
- 3. Enumerate three advantages of cannula-based ophthalmic anesthesia
- 4. Outline the technique of incision-free sub-Tenon anesthesia



Tenon Capsule

- Fascia bulbi
- Thin membrane
- Envelops eyeball
- Extends from optic nerve to limbus
- Separates eyeball from orbital fat
- Facilitates movement



Sub-Tenon Anesthesia

Sensory block

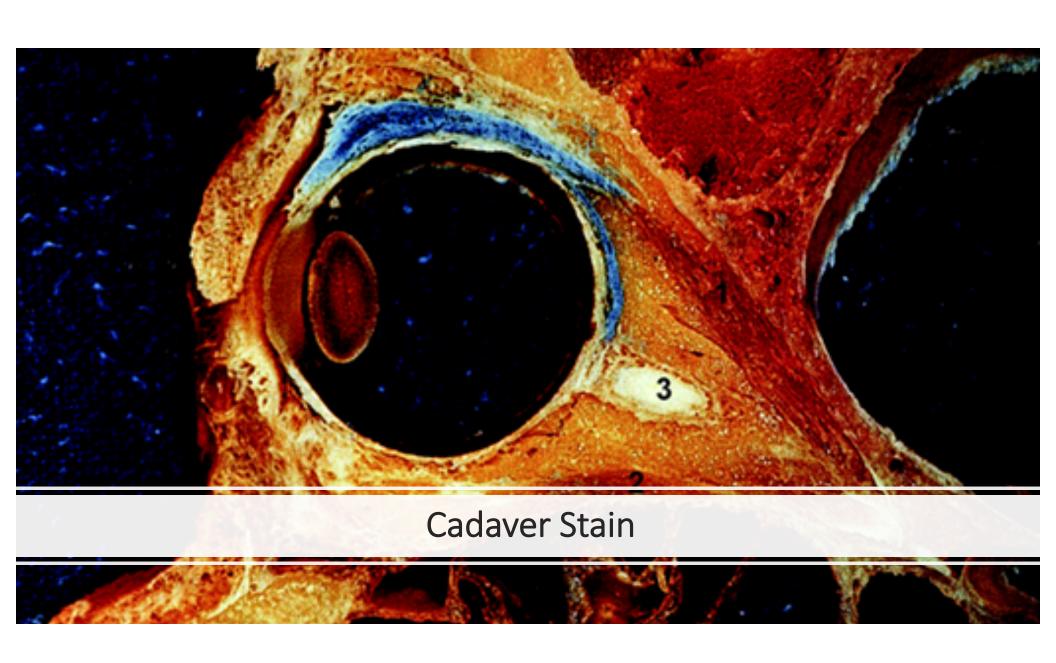
Short ciliary nerves Tenon capsule globe

Motor block

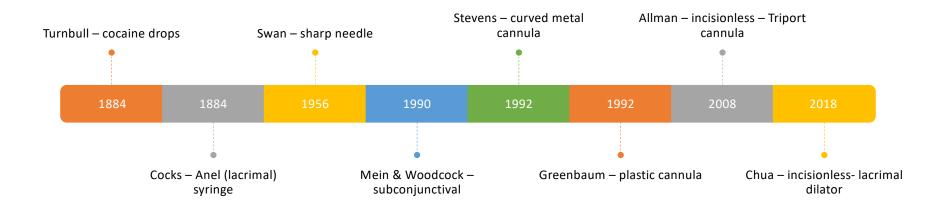
Akinesia – LA extraocular muscle sheaths intraconal space



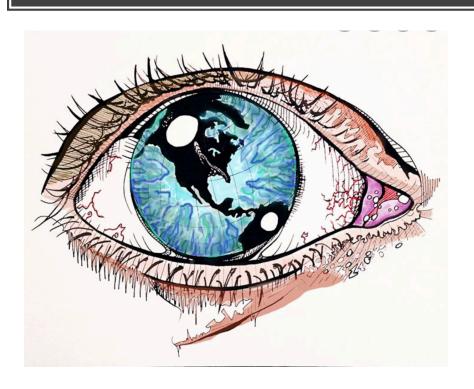
fascial plane lids



Timeline



Sub-Tenon Block for Cataract Surgery Chua M, Lersch F, Chua A et al. **Eye:** February 2021



Country	Sub-Tenon's block % (year of survey)
Canada	31% (2010) [84] 61% (2018) [84]
Japan	63% (1999) [85]
Korea	42% (2012) [86]
New Zealand	86% (2007) [87]
Singapore	5% (2004) [88] 7% (2016) [89]
United Kingdom	42% (2003) [79] 50.5% (2013) [56]
United States of America	5% (2003) [92]

Efficacy

	Stevens 1	Roman et al	Guise ³	Kumar et a cannula
Pain during block (%)	18	1	32	
Pain during surgery (%)	4	3	7	0/0/0
Complete akinesia after block (%)	54	0		46/50/4
Complete akinesia after surgery (%)		0		
Chemosis (%)		85	56	76/20/3
Subconjunctival haemorrhage (%)	34% (>1 Quadrant)	56	7	56/20/2

Advantages and disadvantages of sub-Tenon's block

Advantages	Disadvantages
Virtually painless	Subconjunctival hemorrhage
Good analgesia	Chemosis
Good akinesia	Care with scleral buckles
Avoids complications of sharp needles	Associated with rare reports of sight-threatening complications
Low risk of serious complications	
No facial block required	
Safer in anticoagulated patients	
Safe in eyes with long axial length	
Minimal/no rise in IOP	

Limitations and relative contraindications of sub-Tenon's block (modified from Kumar and Dodds)30

Limitations

Previous sub-Tenon's block in the same quadrant

Previous extensive vitreo-retinal surgery

Previous repeated strabismus surgery

Eye trauma

Infection to the orbit

Relative contraindications

Severe ocular pemphigoid

Surgery requiring complete akinesia (viscacanalstomy)

Surgery where chemosis and subconjunctival haemorrhage may compromise the outcome of surgery (glaucoma filtration surgery)

Complications of Sub-Tenon's Block

- Minor complications → pain during injection, chemosis, conjunctival hemorrhage & leakage of local anaesthetic
- Major complications → orbital & retrobulbar hemorrhage, rectus muscle paresis & trauma, globe perforation, central spread of local anesthetic, orbital cellulites etc
- Most of these complications occurs following use of 2.54- cm metal cannula.

Kumar CM et al - Eur J Anaesthesiol 2005;22:567-77.

 Smaller or flexible cannulae appear to be safer but the incidence of minor complications increases.

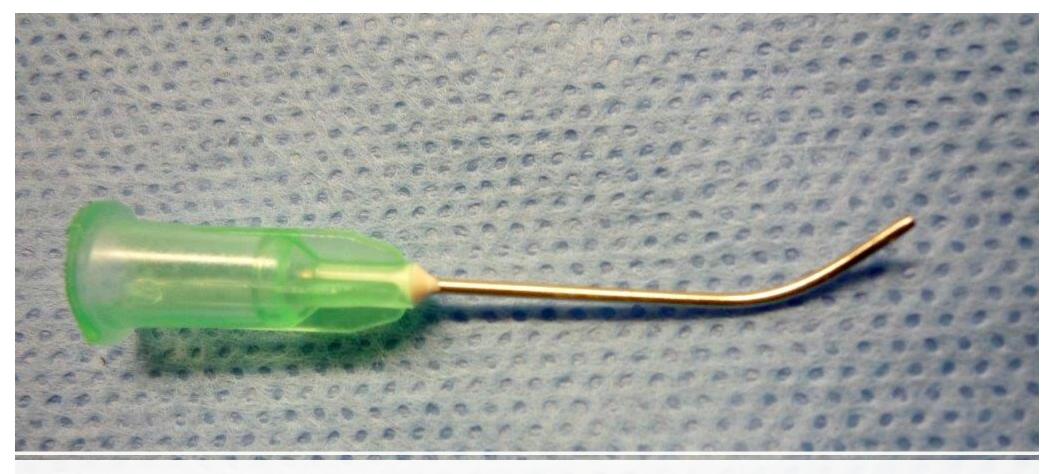
Kumar CM & Dodds C et al - An Br J Anaesth 2001;87:631.



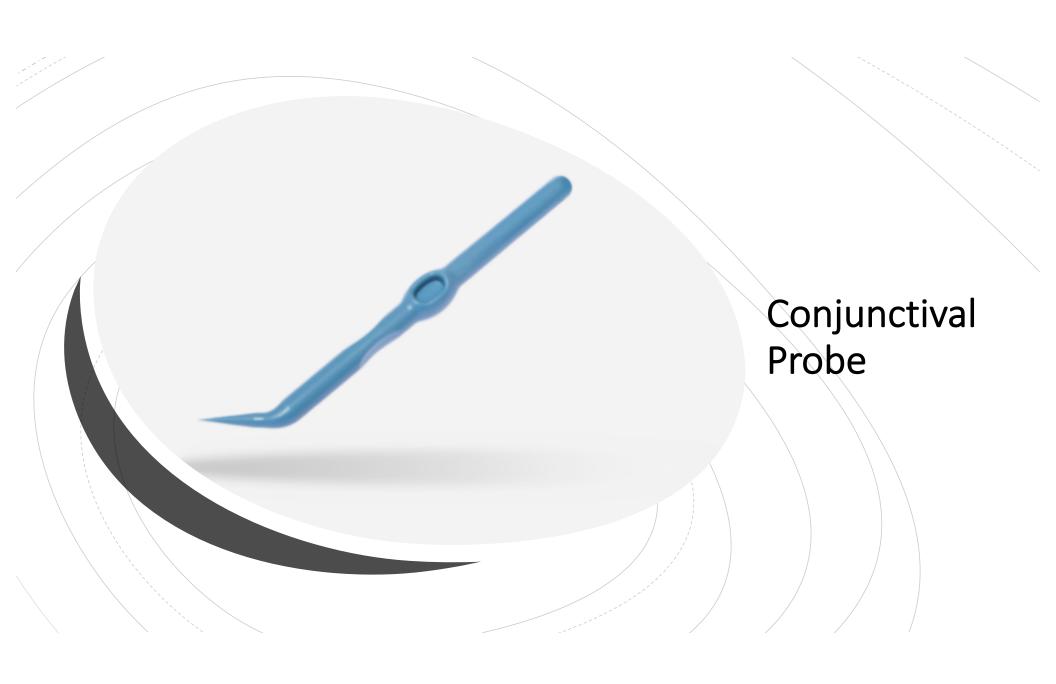
Standard technique

- Obtaining surface anaesthesia
- Access to the sub-Tenon's space
- Insertion of a cannula
- Administration of local anaesthetic agent





Triport Cannula



Incision-Free Sub-Tenon Anesthesia

Eye https://doi.org/10.1038/s41433-020-01207-0

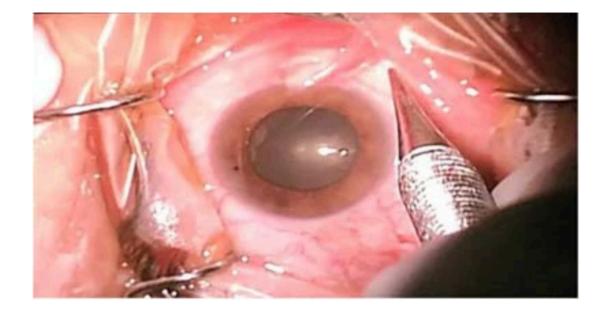


ARTICLE



Lacrimal dilator-facilitated incisionless vs. standard sub-Tenon's block: a randomized, prospective and non-inferiority comparative study

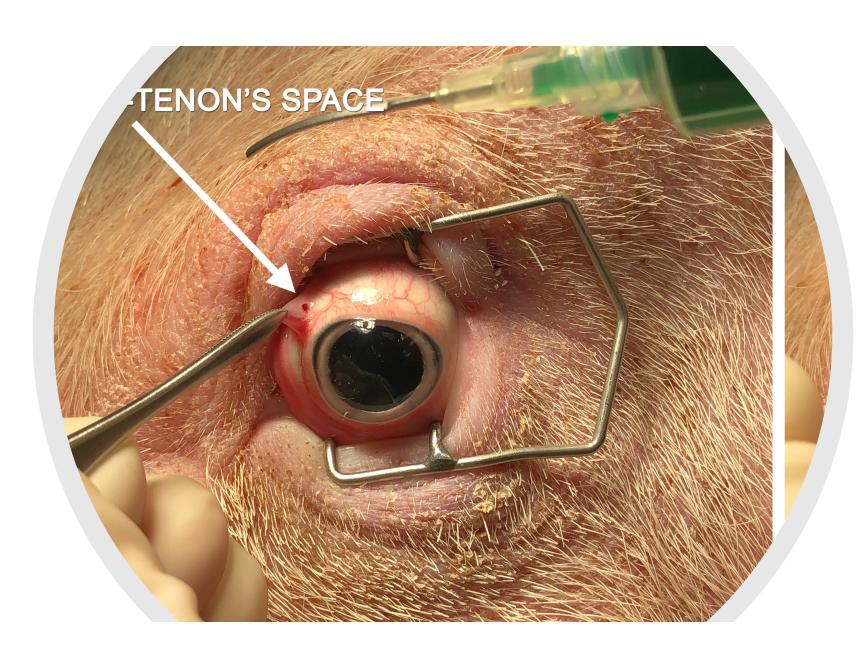
Muge Coban-Karatas¹ · Oya Yalcin Cok² · Chandra M. Kumar [□]











Incision-Free Sub-Tenon Anesthesia

Howard Palte, MD