INTRODUCTION

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The use of regional anaesthetic techniques in infants and :hildren has become increasingly accepted as standard care. The most cc nmonly performed regional anaesthetic techniques used in paediatric pat :nts, are the caudal and lumbar approaches to the epidural space *(M ırkakis, 2000).*

Efficient and prolonged postoperative analgesia is obta ıed with regional anaesthesia in paediatrics. Its use has been due to an easy performance in paediatrics. Regional anaesthesia in paediatrics as many indications and few contraindications *(Ecoffey, 1997).*

Regional anaesthetic techniques are useful for roviding postoperative pain control for ambulatory surgery in childr n.. Good understanding of unique features of paediatric anatomy and p ysiology allows successful performance of these techniques *(Eck and Ro: , 2002).*

The types of blocks that can be used safely in outpatie surgical paediatric patients are limited only be the skill and inter st of the anaesthesiologist. Generally, the techniques chosen should be simple to perform, have minimal or no side effects, and not interfere v ith motor function and early ambulation *(Hannallah, 1999).*

Caudal anaesthesia is an inexpensive, simple and effective technique, not only as a supplement for postoperative analges , but also as a single method of anaesthesia *(Uguralp et al., 2002).*

Caudal block is the single most popular regional a aesthetic technique used in infants and children. It is safe and it has a l w failure rate and a high success rate. The incidence of complication is probably 7/10.000, the lowest of all central blockade *(Zadra and Giusti, 001).*

The provision of good postoperative analgesia withou the side effects of opioids has been the impetus for the popular use epidural analgesia. An advantage in children is that epidural analgesia w th a wide segmental spread provides excellent analgesia without the haem dynamic instability seen in adults *(Brown et al., 1999).*

The use of spinal anaesthesia in children has been prima y limited to situations in which general anaesthesia was considered pose an excessive risk. The ex-premature infant and the neurologicall impaired child account for the majority of spinal anaesthetics used to ay. Spinal anaesthesia, compared with general anaesthesia, in the ex premature infant undergoing inguinal hernia repair has decreased po toperative respiratory complications *(Lederhaas, 2003).*

Peripheral nerve blocks are useful adjuvants to general naesthesia in the paediatric patient undergoing a wide variety of surgical rocedures to provide intraoperative anaesthesia as well as postope ative pain control. *(Santhanam, 2003).*

These peripheral nerve blocks include nerve locks for herniorrhaphy and orchiopexy (infiltration block of ioinguinal/ iliohypogastric nerve), penile surgery (penile nerve block), ip pinning (femoral nerve block), cleft lip repair (infraorbital nerve lock), even dermatologic procedures (digital nerve block, ankle blocks) *(l sher et al.,*

1993). Of all these types of peripheral nerve blocks, only those of upper and lower extremity are of practical importance.

The interest in topical anaesthesia has been renewed in p ediatrics by the availability of several new ointments containing a mixtu of local anaesthetics such as EMLA cream , TAC cream, and li caine – adrenaline –teracaine gel, *(Ernst et al .,1995).*

Newer techniques using topical anaesthetics and tissue dhesives have significantly simplified the process of laceration repair, romoting application in office, clinic, and emergency department setting *(Knapp, 1999).*