

Transurethral Surgery and the Adductor Spasm

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Abstract

Introduction: *Transurethral surgery has become the dominant treatment for bladder and prostatic tumours. Regional anaesthesia is the favoured anaesthetic technique but adductor spasm leading to bladder wall perforation and increased morbidity is not uncommon. This review seeks to outline the cause, risk factors predisposing to this complication and the various techniques that have been adopted to eradicate it.* **Methods:** *Literature search was performed from PubMed (1965 onwards). All studies related to obturator nerve stimulation or adductor spasm in transurethral surgery were short-listed.* **Results:** *Various methods have been attempted. These ranged from local blockade of the obturator nerve, periprostatic and subvesical lignocaine infiltration, changing the site of the inactive electrode, reduction of the electrocoagulation voltage and general anaesthesia with muscle relaxants.* **Conclusions:** *Hitherto, local blockade of the obturator nerve, either by the direct method or “3-in-1” method is the most effective in preventing this complication. With the aid of a nerve stimulator, greater accuracy and use of smaller volumes of local anaesthetic will improve the safety of this block.*

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Key words: *Bladder perforation, Bladder tumours, Inactive electrode placement, Nerve stimulator, Obturator nerve*

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