

Common Accidents Treated with Uncommon Approach at UCSD Medical Center

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Folding clothes, walking the dog, and emptying the dishwasher are common chores for the average twelve year-old. In the case of Casey Wynhamer, however, taking care of everyday chores led to an unexpected trip to the operating room at UCSD Medical Center in Hillcrest.

“I was emptying the dishwasher and had a glass in each hand. I accidentally dropped one and tried to catch it with the other. Both glasses ended up shattering and I cut the finger on my left hand,” said Wynhamer, a 7th grader at Guajome Park Academy in Vista.

Casey was referred by her physician to [Reid Abrams, M.D., Chief of Hand and Microvascular Surgery at UCSD Medical Center](#). While the cut itself only required four stitches, and could be covered by a band aid, the tendons below the surface had been severed and Casey could not bend the tip of her finger.

“Casey had a flexor tendon injury in ‘no man’s land’ in her finger—an area where the tendon is intimately surrounded by bone and the tendon sheath,” said Abrams who is also vice chair of [UCSD’s Department of Orthopedic Surgery](#).

Delicate hand surgery was required to repair the tendon but thanks to a new approach to anesthesia now offered to many outpatient surgery patients at UCSD Medical Center, Casey remained alert during the procedure, and returned home within hours of the surgery to recover. Casey and her parents opted for regional anesthesia, a form of pain prevention that numbs specific nerves in the body.

“Nerve blocks are a customized way of totally numbing targeted areas of the body for specific surgeries. Blocks are the ideal anesthetic for surgeries on the body’s extremities such as the hand, wrist, shoulder and elbow,” said Edward Mariano, M.D., Director of Regional Anesthesia and Anesthesia for Outpatient Surgery at UCSD. “Using ultrasound, we are able to identify the location of the nerves. Once the anesthetic is injected around the nerves, the limb becomes progressively numb. A single injection can last hours or up to a day.”

Unlike general anesthesia, patients receiving a nerve block can breathe on their own with no additional support. Patients do not experience nausea, vomiting, or sore throat. Despite receiving intravenous sedation, patients recover more quickly and there is less need for pain medications after surgery. If needed, options are available for patients to receive a continuous infusion of nerve block through a catheter.

“We were relieved to find out that Casey would not have to undergo general anesthesia because a nerve block was available. Having this option calmed us down immediately,” said Linda Wynhamer, Casey’s mother. “We were in surgery at 7:30 am and leaving the parking lot just two hours later. Casey was alert, and talking, and ready to go home.”

“UCSD Medical Center has made a commitment to making regional anesthesiology an option for our patients,” said Brendan Kremer, administrative director at UCSD Medical Center. “We have changed the way we schedule surgeries to allow our regional anesthesia specialists the time and space to perform this procedure.”

UCSD Medical Center performs nerve block procedures for more than 90% of patients undergoing outpatient orthopedic surgeries, and is currently the only hospital in California to offer a regional anesthesia fellowship training program. In addition to their usefulness in outpatient orthopedic surgery, nerve blocks provide effective anesthesia and pain relief for joint replacement surgery, major orthopedic trauma, patients suffering from severe burns, hernia repair, breast surgery, removal of kidney stones, facial plastic surgery and vascular surgery.

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