# The Use Of Wide-Awake Local Anesthesia No Tourniquet (WALANT) Technique For Foot Fractures

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# **INTRODUCTION:**

Fractures of the 5<sup>th</sup> Metatarsal base were first described by Sir Robert Jones in 1902<sup>1</sup> – he sustained the injury as he was dancing. It is the most common fracture involving the metatarsals<sup>2</sup>. The use of WALANT for fracture fixations of the lower limb is expanding and provides a useful option in management of foot fractures.

#### **REPORT:**

We present a case of a 41-year-old man – who sustained a left base of 5<sup>th</sup> metatarsal fracture after falling on the foot in an inverted position. Plain radiographs of the foot showed fracture base of the 5th metatarsal bone (Zone 1) and the patient was counseled regarding treatment options available.

The patient opted for surgical intervention and he underwent headless cannulated screw fixation using the WALANT technique. Formulation utilized for the WALANT 50 ml of 2% Lignocaine, 40 ml of normal saline 0.9%, 10 ml of 8.4 sodium bicarbonate and 1 cc of adrenaline 1: 1000 – with the aim to dilute the adrenaline to 1: 100 000. In this case we utilized 20-30cc of the mixture.

Throughout the procedure, visual analogue score for pain was 0/10 and the patient was discharged well post operative day 1. He was followed up in the outpatient clinic and made a full recovery and achieved bony union 6 weeks post operatively.

## **CONCLUSION:**

Utilization of WALANT techniques for fixation of 5<sup>th</sup> metatarsal base fractures results in adequate pain relief and anaesthesia for the patient during the intra-operative period and is also able to shorten the required hospital stay

and suitable cases – daycare surgery may be an option to explore. This may reduce the need for general anesthesia – thereby reducing waiting time for surgery and also shortening hospital stay.



Figure 1: Pre-operative radiographs



Figure 2: 6 weeks post operative radiograph

### **REFERENCES:**

- 1. Jones R. I. Fracture of the Base of the Fifth Metatarsal Bone by Indirect Violence. Ann Surg. 1902 Jun;35(6):697-700.2
- 2. Kane JM, Sandrowski K, Saffel H, Albanese A, Raikin SM, Pedowitz DI. The Epidemiology of Fifth Metatarsal Fracture. Foot Ankle Spec. 2015 Oct;8(5):354-9