DermWorld

directions in residency

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Local anesthesia

By Michael Visconti, DO; Zac Zheng, DO; and Kent J. Krach, MD, FAAD

	Generic name	Trade name	Anesthetic agent (plain or with epinephrine)	Maximum adult dose (mg/kg)	Maximum dose cumulative (mg for 70kg per- son)	Time to onset (min)	Maximum duration
			Amides				
	Lidocaine • Anesthetic of choice in pregnan-	Xylocaine®	Plain	4.5-5	300	<1 *Fastest	30-120
	cy (Category B)		With epinephrine	nephrine 7 490	490	onset	60-400
	Articaine	Septocaine®	Plain	5.0	350	2-4	30-120
			With epinephrine	7.0	490		60-240
	Mepivacaine • Risk of fetal bradycardia (Category C)		Plain	6	400	3-20 *Slowest onset	30-120
		Carbocaine®	With epinephrine	7	550		60-400
Amides	Prilocaine hydro- chloride • Risk of methemo- globinemia		Plain	7	400		30-120
Metabolism: CYP 3A4 (liver)		Citanest®	With epinephrine	10	600	5-6	60-400
- Contraindicated in end-stage liver	Printer de la	D	Plain	4.5	300	3-5	200
disease	Etidocaine	Duranest®	With epinephrine	6.5	400		240-360
 Rare allergic reactions to anesthetic agent Preservative (methylparaben) most common cause (can switch to preservative-free lidocaine) Two i's = amides 	Bupivacaine hydro- chloride Combined with lidocaine for extended derma- tologic surgery cases Highest risk of cardiac toxicity Risk of fetal bradycardia (Category C)	Marcaine®	Plain	2.5	175	2-10	120-240
			With epinephrine	3	210		240-480 *Longest duration (with epi- nephrine)
	Levobupivacaine hydrochloride	Chirocaine®	Plain	2.1	147	2-10	120-240
			n/a	n/a	n/a		n/a
	Ropivacaine	Naropin®	Plain	3	200	3-15	120-240 *longest duration (plain)
			With epinephrine	4	225		180-480
			Esters				
Esters • Metabolism: plasma	Procaine	Novocaine®	Plain	10	500	5	15-30 *Shortest duration
(pseudocholinesterases), excreted renally			With epinephrine	14	600		30-90
• Common allergic reactions to anesthet-	Chlorprocaine	Nesacaine®	Plain	11	770	5-6	30-60
ic agent (PABA) Cross-reacts with			With epinephrine	14	980		n/a
"PPFSTAA": - Paraphenylene- diamine (PPD) - PABA - Para-aminosalicylic acid - Ethylenediamine - Sulfonamides - Thiazides - Anesthetics (esters) - Azo dyes	Tetracaine	Pontocaine®	Plain	2	100		120-240
			With epinephrine	2	N/a	7	240-480
	Cocaine	Generic only	Plain (vasoconstrictor)	3	200	1-5	30-60

p. 1 • Fall 2021 www.aad.org/DIR

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Topical anesthetics	Primary use		
Benzocaine	Tympanic/mucous membrane		
Cocaine	Nasal mucosa (vasoconstriction)		
Eutectic Mixture of Local Anesthesia (EMLA) (2.5% lidocaine + 2.5% prilocaine)	Intact skin (requires occlusion, risk of ocular injury near eye & methemo- globinemia in infants)		
Lidocaine 4%	Intact skin (no occlusion required)		
Proparacaine	Conjunctiva		
Tetracaine	Conjunctiva		

Features of lidocaine overdose					
Serum blood level	Pulse rate	Blood pressure	Signs and symptoms	Management	
1-6 mcg/ml (mild)	No change	No change	 Circumoral and digital paresthesia Lightheadedness Restlessness Drowsiness Euphoria Talkativeness 	No intervention, observation only	
6-9 mcg/ml (moderate)	No change	No change	Nausea/vomiting Muscle twitching Tremors Altered senses Tinnitus Sygeusia Blurred vision Confusion Excitement Psychosis	Diazepam Maintenance of airway	
9-12 mcg/ml (severe)	Decreased	Decreased	Seizures Cardiopulmonary depression Arrhythmia	Respiratory support	
>12 mcg/ml (life-threatening)			Coma Cardiopulmonary arrest	Advanced cardiac life support and resuscitation	

Additive	Mechanism	Purpose	Precautions			
Epinephrine	Vasoconstriction, counteracting vasodilatory effects of most local anesthetics	Reduces bleeding Systemic absorption of anesthetics, preventing systemic toxicity Prolong duration of anesthesia	Reduces uterine blood flow in pregnancy Pheochromocytoma, uncon- trolled hyperthyroidism			
Hyaluronidase	Depolymerizes hyaluronic acid within intercellular ground sub- stance Facilitates diffusion of anesthetic through tissue planes	Increases surface area of anesthesia Prevents tissue distortion	Reduced duration of anesthesia Potentially increased risk of anesthetic toxicity Cross-reactivity with bee/wasp venom (history of allergic reac- tion is relative contraindication)			
Sodium bicarbonate (8.5%)	Correction of more acidic local pH level from acidic preservatives Elevation of local pH to near-physi- ologic levels	Reduction of anesthetic infiltrative pain More rapid onset of anesthetic action	Reduction of shelf-life of anesthetic			

Note: Maximum doses may be less than calculated doses based on upper safety threshold recommendations.

Techniques for reducing injection site pain

Pretreatment with ice or topical anesthetic

Irritation of neighboring skin via pinching, rubbing (Gate theory of pain - reduces signal transmission through ascending nerve fibers)

Minimize needle gauge size (27g for general body, 30g for sensitive areas)

Addition of sodium bicarbonate 8.5% (see above)

Warm anesthetic to body temperature

Reduce speed of injection

Inject from deep to superficial, reintroducing needle and previously anesthetized areas

Mental distraction (conversation, music)

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