Parkinson's disease is characterized by loss of dopaminergic neurones in the substantia nigra of the basal ganglia. Parkinson's disease comprises a classical triad of resting tremor, muscle rigidity, and bradykinesia, in addition to loss of postural reflexes. Parkinson's disease is an important cause of perioperative morbidity and a major risk factor for postoperative complications in the elderly surgical patients. Drugs used during anaesthesia may interact with anti-parkinsonian medication. There are still arguments on whether general or regional anesthesia should be the anesthetic approach for a patient with Parkinson's disease. Regional anesthesia with sedation can be preferred to general anesthesia especially in patients with cardiopulmonary diseases. In this case report, a 81-year-old patient with Parkinson's syndrome who had cardiac and respiratory distress and who was planned for undergoing internal fixation of femoral fractures is presented. Because of severe pneumonia we considered the patient to be at high risk for general anesthesia and performed low-dose selective spinal anesthesia at L4-L5 level. 20 minutes after the beginning of the operation, although without pain the patient became restless and he was sedated with propofol maintaining spontaneous ventilation. During
the operation hemodynamic data was stable and the operation was successfully carried out

without any complication.