



MODIFIED ERECTOR SPINAE PLANE BLOCK FOR THORACIC SURGERIES: PRELIMINARY REPORT OF THE CASES

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Background

Erector Spinae Plane (ESP) block is a novel technique in which local anesthetic (LA) is injected between the erector spinae muscle and transverse process under ultrasound guidance. It has been used as a postoperative analgesia method in many surgical procedures. The mechanism of action is not clear. There are well-described anatomical gaps in the intertransverse connective tissue that might explain how LA can pass from the ESP into the para-vertebral space. Although it is efficient, in real life there is block failure/lack of efficiency that tells us there might be things to consider about the block. We would like to present our modified technique (ESP-3) aimed more reliable block.

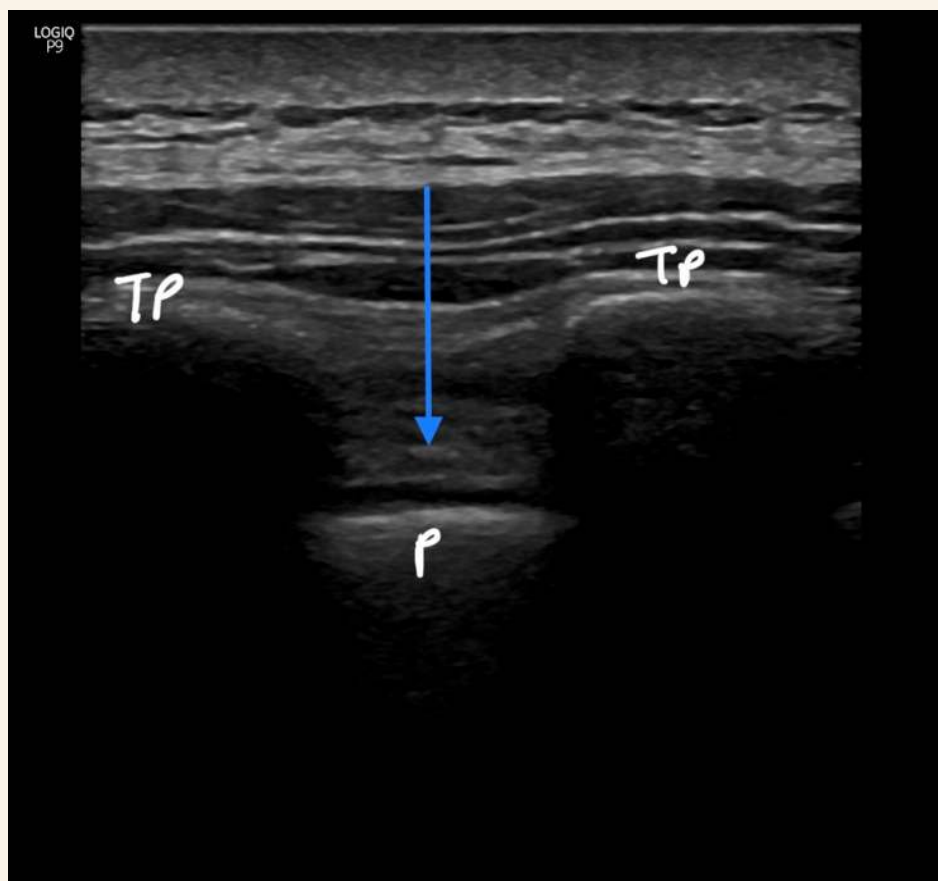


Fig1. Needle point in modified ESPB

Cases

We perform ESP-3 for 6 patients (1-breast surgery with fleb, 4-thoracoscopic pleurodesis and 1-lobectomy). Blocks performed at sitting position. A linear-ultrasound probe placed longitudinal parasagittal orientation. After transverse process (TP) identified an 22G-echogenic needle (Braun-StimuplexUltra360) is inserted in-plane caudal-to-cranial approach. The needle tip made contact to TP and 10 ml of Local anesthetic (LA-Bupivacaine) is given to the facial plane. Then the needle moves from the most proximal part of the TP, pass intertransverse ligament and 15 ml of LA is injected just above the superior costotransverse ligament.

Results

Before the end of the surgeries Non-steroid anti-inflammatory drug and paracetamol was given. None of the patients complained about the pain. No complication was recorded.

Conclusion

Facial plane blocks are promising. They can be as effective as epidurals. With our modified ESP technique, we hypothesized a more consistent and reliable block can be achieved.