PARALLEL SESSION 1:
RA & LOWER LIMB BLOCKS
TIME: 13:00 - 15:15

14:30 - 14:45

Erector Spinae Plane Block for Thoracic Surgery and Trauma

Dr. Penafrancia C. Cano (Philippines)
The University of the Philippines College of Medicine - Philippine General Hospital

Abstract:

When it comes to providing analgesia for thoracic surgery, thoracic epidural and paravertebral block have always been considered as the gold standard. However, several complications have been attributed to the two techniques. These complexities have contributed to the enthusiasm surrounding the erector spinae plane (ESP) block which holds promise as a simpler and safer technique but equally effective in delivering analgesia.

Among a pooled review of 242 cases between 2016-2018, which was performed by Dr Ban Tsui, the only adverse event that was recorded secondary to ESP was a case of pneumothorax. Compared to paravertebral and epidural, ESP is a safe technique that can be performed among patients on anticoagulation therapy as well.

Based from cadaveric and human studies, ESP is effective for thoracic surgery because the local anesthetic can spread to the dorsal and ventral rami, the sympathetic chain as well as the intercostal, paravertebral and epidural spaces. Since epidural and paravertebral block is not feasible in the presence of hemodynamic instability, vertebral fracture and coagulopathy, ESP block has emerged as an alternative regional anesthesia technique. and would be the better choice for such clinical scenarios. ESP is also effective in providing analgesia for rib fracture, thoracotomy and video assisted thoracoscopic surgery.