To the Editor,

The ultrasound-guided erector spinae plane block (ESPB) is a novel interfascial plane block that provides thoracic analgesia at T5 level. ESPB is easy to perform and it is safely due to USG guidance.[1] Thus, ESPB may be a good alternative to other invasive techniques such as thoracic epidural analgesia in the postoperative analgesia treatment following thoracic surgery. In this correspondence, our aim is to present our effective ESPB experience for a pediatric patient.

Written informed consent was obtained from the patient’s parent for this report. A 12 year old, 43 kg male patient underwent right lung wedge resection due to lung metastasis of liver carcinoma. General anesthesia was induced and the patient was intubated. Then, he was placed in the left lateral decubitus position for surgery. A linear ultrasound probe (12 MHz, GE Vivid Q® USG device) was placed in a sagittal para-median orientation at the level of the T5 transverse process for unilateral ESPB (Fig. 1a). The muscles (trapezius, rhomboid major, and erector spinae) were seen from superficial to deep above the hyperechoic transverse process view (Fig. 1b). Then, a block needle (22-gauge, 50-mm, SonoTap; Braun, Stimuplex® Ultra, Germany) was attached in the interfascial plane below the erector spinae muscle in a caudal-to-cephalad way. After aspiration, the plane was injected with 2 ml saline solution for correction. A total of 15 mL block solution prepared with 0.25% bupivacaine was administrated (Fig. 1c). We performed a single shot block and did not use a block catheter for continuous infusion. 75 μg of fentanyl and 400 mg of paracetamol intravenously were administered intraperatively. The patient was extubated at the end of the operation and transferred to the postanesthesia care unit (PACU). The pain score (VAS) was 0 at PACU, another additional analgesic was not performed to him. 400 mg of paracetamol iv was administrated at every 8 hours for postoperative analgesia. A intravenous patient controlled device prepared with 5 mcg/ml fentanyl was attached to the patient with a protocol.
We wanted to see the effectiveness of the single-dose preemptive ESP block for pediatric thoracic surgery, so did not use a catheter. VAS scores were below 4 at postoperative period and any more rescue analgesia was not performed. In conclusion, preemptive single shot ESP block can be performed as a part of multimodal analgesia treatment for postoperative analgesia management after pediatric thoracic surgery since it is easy to use, and provides effective analgesia.

References