

Open Cholecystectomy under Thoracic Paravertebral Block and External Oblique Intercostal Block with IV sedation: A Case Report

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Introduction

- Open cholecystectomy is most commonly done either under general or spinal anesthesia with or without the addition of thoracic epidural block. Thoracic paravertebral block has been shown to provide superior analgesia for abdominal procedures including open cholecystectomy

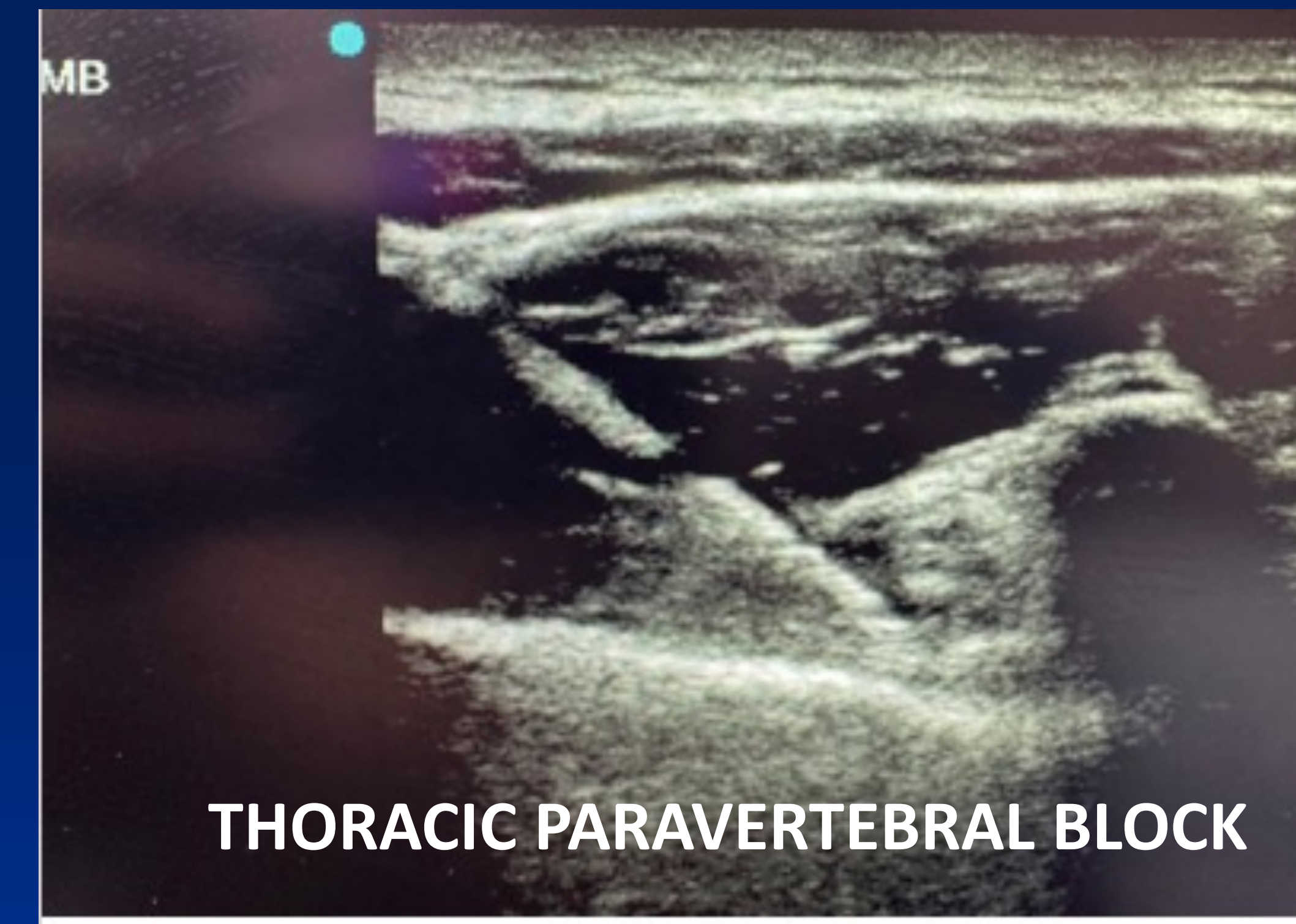
Case Summary

- 83 F, ER consult due to epigastric pain, then developed persistent hypotension transferred to ICU managed as a case of sepsis secondary to acute cholangitis from choledocholithiasis and UTI.
- 2D-Echo – EF of 59% with dilated atria, mild to moderate aortic regurgitation, moderate mitral regurgitation, mild pulmonary hypertension, (+) AF
- 4th HD, ERCP with sphincterotomy, stent insertion done
- 7th HD, for open cholecystectomy with CBDE under PNB hence consented. ASA IV

Methods

- Patient placed of Left lateral decubitus position, sedation given. TCI propofol started at 0.3mcg/ml. Ultrasound guided Thoracic Paravertebral Block T5 and T7 using 100-mm stimulating needle and ropivacaine 0.6% 7ml each injected.
- Patient place in supine position, Ultrasound guided External Oblique Intercostal Block right using 100-mm stimulating needle and ropivacaine 0.3% 15ml injected.
- The operation started 30 mins after PNB and TCI propofol increased to 1mcg/ml.

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Results

- The 3-hour procedure was uneventful with stable vital sign and O2 saturation of 99-100%.
- Patient stayed in the recovery room for 1 hour uneventful
- Patient was re-assessed after 24 hours with Sensory block completely resolved, Pain score of 0/10 at rest and 5/10 upon movement, fairly comfortable and was able to ambulate without difficulty.
- Patient was discharged without complication on the 2nd post-operative day.

Discussion

- Thoracic paravertebral nerve block was found to be comparable to epidural anesthesia in terms of providing adequate and prolonged pain relief after surgery
- Nerve blocks can be administered in order to achieve a unilateral block.
- Sympathetic blockade may also be observed but intra-operative hemodynamics have been found to be more stable compared to epidural.
- Risks include pneumothorax, pleural puncture, vascular puncture, epidural or intrathecal spread, and failed block.
- Weighing the risks and benefits, we suggest the consideration of thoracic paravertebral block as surgical anesthetic technique for high risk patients who planned to undergo open cholecystectomy with CBDE.

Take a picture to view the entire paper.

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