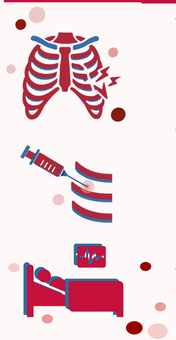
Inpatient Use of Nerve Blocks for Rib Fractures

Karan Patel M.D.[1], Tigran Kesayan M.D.[1,2,3]

[1] Department of Neurology [2] Department of Anesthesiology [3] Department of Plastic Surgery

Introduction

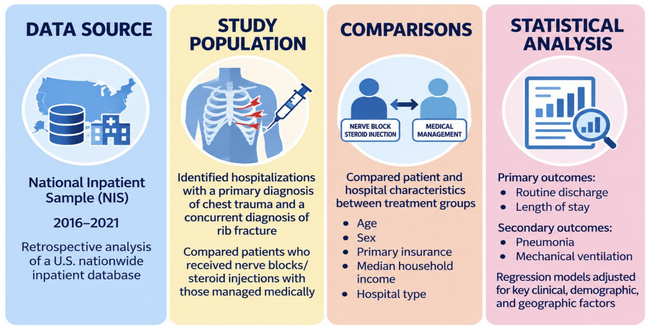


- Rib fractures are a common consequence of chest trauma and can cause substantial pain, impaired ventilation, and pulmonary complications during hospitalization.
- Regional anesthesia and nerve blocks may improve pain control and respiratory function in patients with rib fractures; however, prior studies have reported conflicting results regarding their short-term clinical benefits.
- Whether nerve blocks are associated with improved outcomes among patients hospitalized with rib fractures at the national level remains unclear.

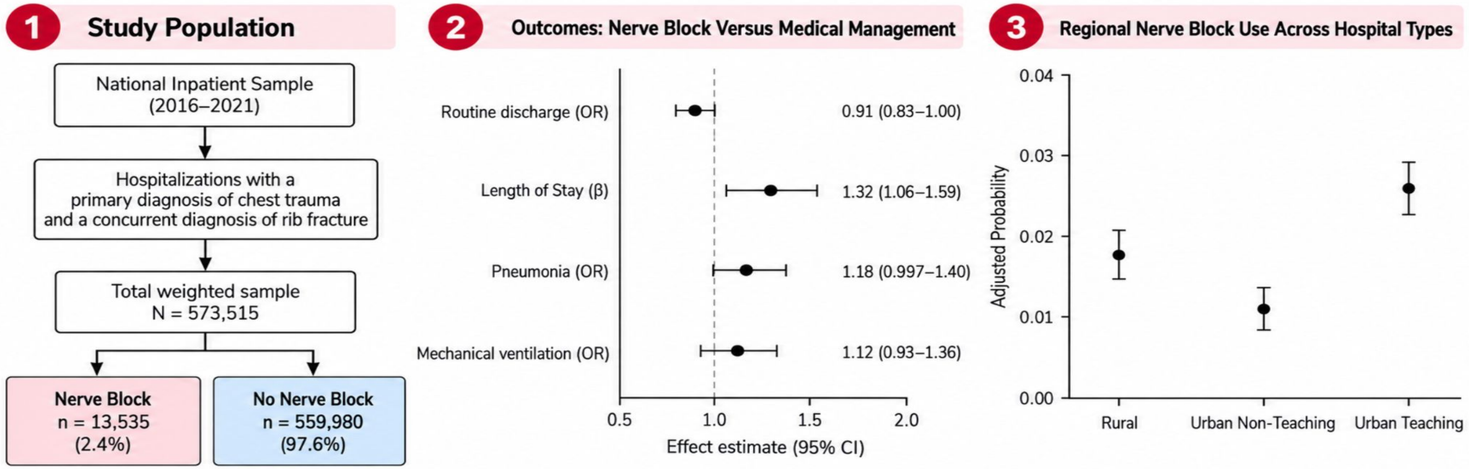
Research Goal

In this analysis, we used the National Inpatient Sample (2016–2021) to evaluate short-term clinical outcomes among patients hospitalized with chest trauma and rib fractures who received nerve blocks compared with those managed medically.

Methods



Results



Conclusions

- Nerve blocks were used in only 2.4% of hospitalizations for chest trauma with rib fractures and were performed predominantly at urban teaching hospitals.
- Compared with medical management, nerve blocks were not associated with improved odds of routine discharge, pneumonia, or mechanical ventilation and were associated with a longer hospital length of stay.
- These findings do not demonstrate a short-term clinical benefit of nerve blocks at the population level; however, unmeasured factors such as injury severity, timing of block placement, and block type may influence patient selection and outcomes.

Scan this to review our full abstract

@vumc_neuroresidency