

Continuous erector spinae catheter for thoracotomy and Eloesser flap-related pain: a case report.

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Background and Aims

- 64 year-old gentleman with chronic pain (on 150 milligram morphine equivalents daily) who presented with empyema and had left thoracotomy, resection of seventh and eighth ribs, and Eloesser flap-related pain (Figure 1).
- Our aim with a continuous erector spinae catheter was to provide unilateral, multilevel thoracic analgesia and facilitate extubation.¹⁻³



Figure 1. Eloesser flap

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Results

- The block was performed in the critical care unit on the second postoperative day in the right lateral decubitus position while the patient was intubated and sedated.
- Hydrodissection with 30ml of dilute ropivacaine was utilized to expand the thoracic erector spinae plane from T7 to T8, and then a catheter was advanced in this fluid-filled space.
- Injection of an additional 15ml was visualized via color flow Doppler confirming tip position at T7 (Figure 2), and an infusion was maintained between 8-12ml/hr.
- Extubation was uneventful, complete sensory block was achieved from T6 to T10 dermatomes on the left, and the flap was well-perfused.
- He had excellent chest wall pain control which included dressing changes without any rescue medications, and the catheter was removed on postoperative day six.

Discussion

- The continuous erector spinae block provided effective analgesia facilitating his extubation and reduced his opioid utilization and associated side effects.

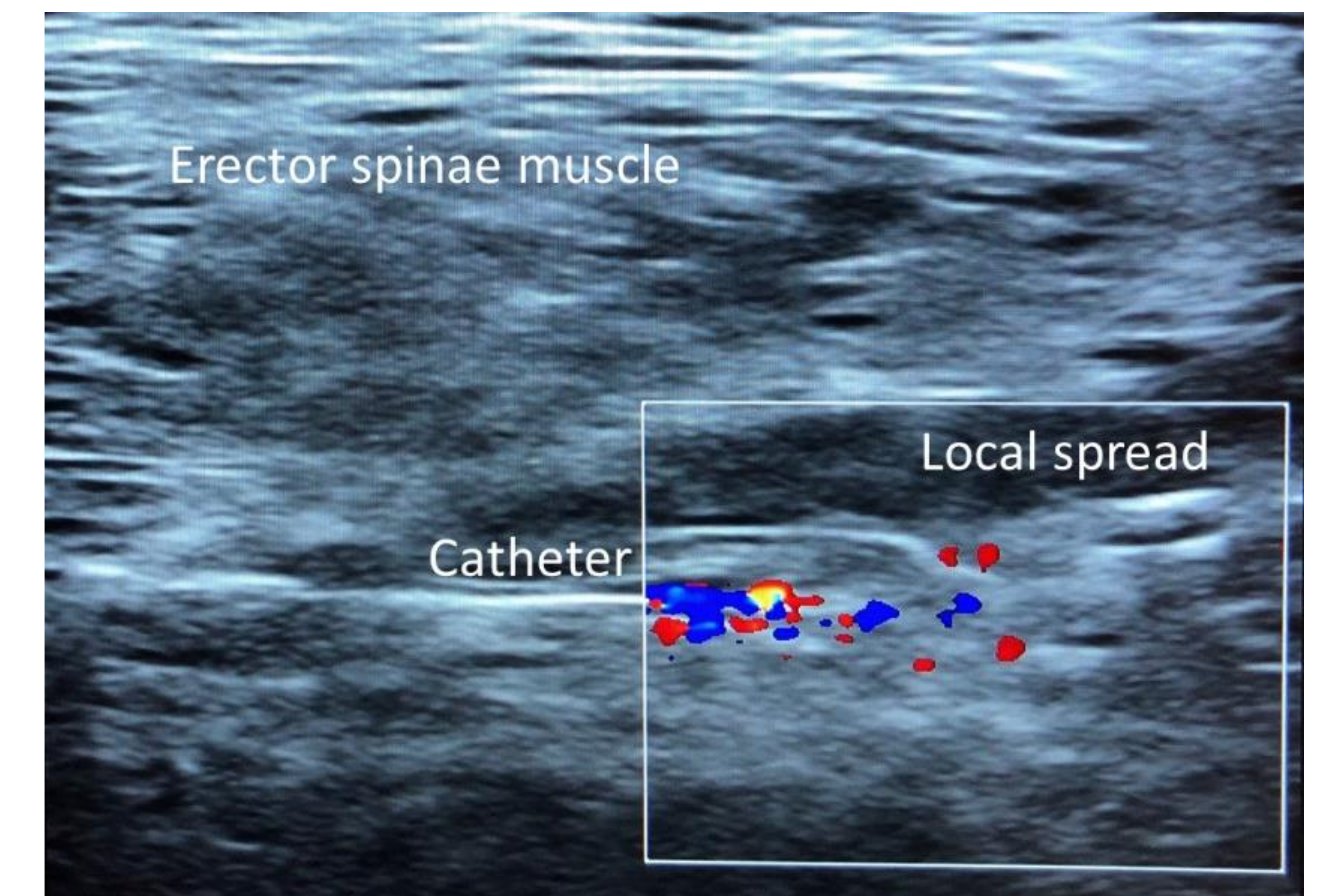


Figure 2. Visualization of catheter tip and spread of local anesthetic in the erector spinae plane

References

1. RAPM 2019; 44: A432
2. RAPM 2021; 70: A232
3. RAPM 2022; 47: B97