Brigham and Women's Hospital
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HARVARD MEDICAL SCHOOL
TEACHING HOSPITAL

PERI-ARREST STELLATE GANGLION BLOCKS (SGBs) FOR INTRAOPERATIVE REFRACTORY VENTRICULAR TACHYCARDIA (VT): A CASE REPORT

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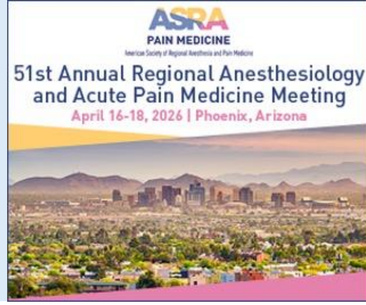

INTRODUCTION

- SGBs can rapidly reduce refractory VT
- Emergent SGB can reduce arrhythmia burden in unstable VT and bridge to ablation or sympathectomy
- Evidence supports use as temporary measures, but unclear who performs and follow these blocks

CASE REPORT

50M presents from outside hospital for VT ablation following cardiac arrest → Entered VT storm during ablation → Bilateral single shot SGBs performed emergently + ECMO → VT burden moderately reduced → bilateral SGB catheters placed the next day, 0.125% bupivacaine infusions were started at 4 ml/hour → went for ablation after being stabilized, but VT persisted

Intraoperative VT decreased after emergent bilateral single-shot stellate ganglion blocks

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DISCUSSION

- 24/7 Acute Pain Service (APS) anesthesiologist performed and managed SGBs
- Allowed for rapid peri-arrest treatment and time for interdisciplinary planning

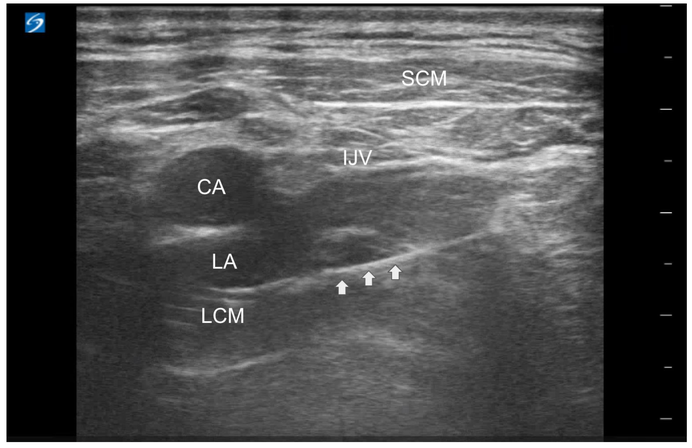

Figure 1: Ultrasound image from SGB. The longus colli muscle is depressed by the spread of local anesthetic.