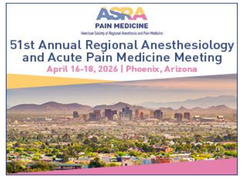
Standardizing Pre-Operative Consent For Truncal Blocks in Thoracic Surgery: A Quality Improvement Project

Nicholas R. Wegener M.D., Connor Singrey M.D., Dong Ho Shin M.D., Jiayi Hu M.D., Diego Bauza MSN RN, Shelby Badani, M.D.

NewYork-Presbyterian
Weill Cornell Medicine



Introduction:

- Intra-operative consultations for truncal blocks occur when surgeons convert a robotic or laparoscopic surgery to open.
- Obtaining consents for these blocks warrants ethical and medicolegal considerations.
- Surrogate decision-makers are often consented or the patient is consented in recovery. [1]
- The risks associated with single-shot nerve blocks are low.
  - BUT patients are not necessarily consenting to single-shot nerve blocks when consenting for anesthesia. [2]
- Patients who were not consented pre-operatively can result in a delay in patients receiving an analgesic block.
- Presents challenges to the acute pain service workflow.

Materials and Methods:

- Data collection over a five-week period of unplanned requests for intra-operative nerve blocks.
  - Obtained surgical team and whether the patient was consented pre-operatively for nerve block.
- Total of 14 blocks associated with intra-operative consult, 4 (29%) were consented pre-operatively.
- Eight of these blocks (57%) were from the thoracic service, 2 add on thoracic blocks (25%) were consented pre-operatively.
- Thoracic surgery ultimate target of QI intervention.

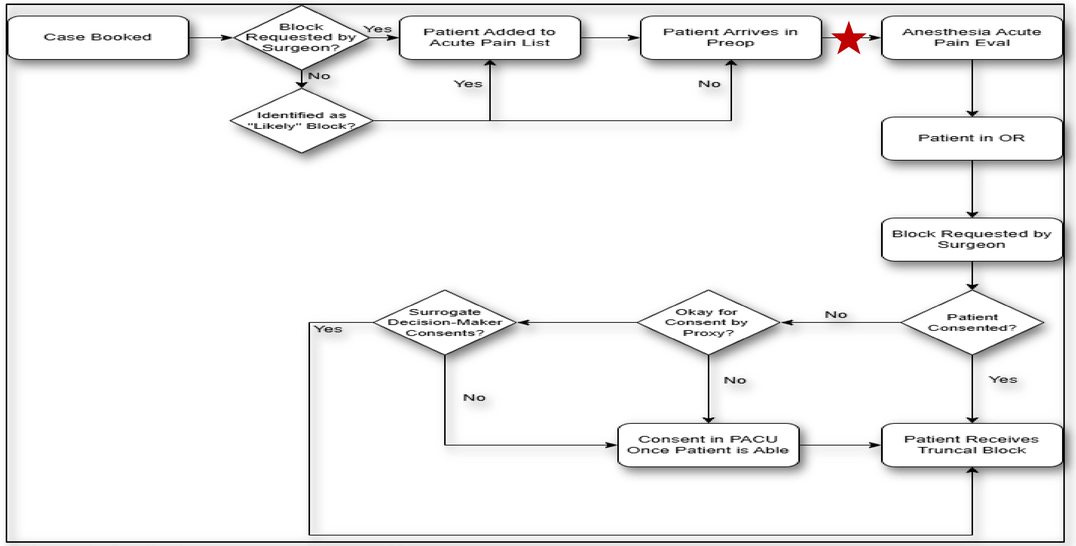


Figure 1: Quality Improvement Process Map

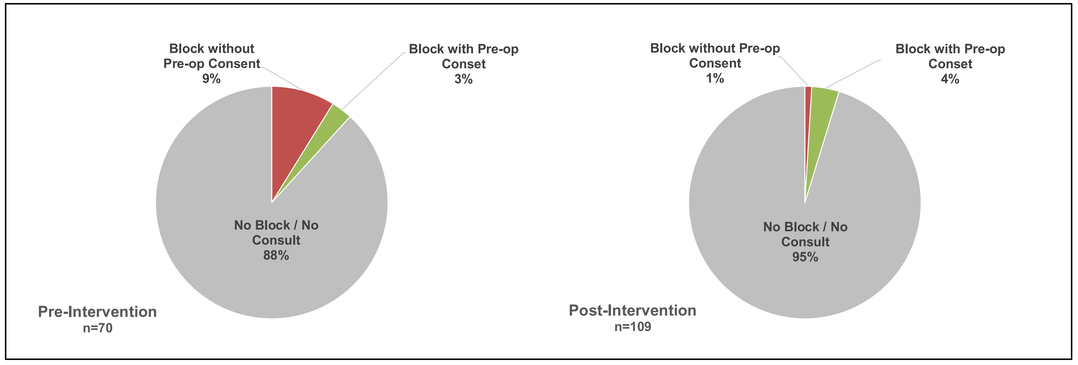


Figure 2: Thoracic Service Project Data

Intervention:

- Thoracic and cardiac anesthesiologists and residents were educated on consenting patients pre-operatively.
- Resources detailing the risks, benefits, and alternatives of truncal blocks to discuss were provided.
- Since the beginning of our initiative, there have been five instances of add on thoracic wall blocks.
  - Four patients were consented by the surgical anesthesia team pre-operatively (80%).

Discussion:

- Whether a patient or proxy can be consented for nerve block in the setting of unplanned open surgery remains a debated topic.
- We present a QI project amongst thoracic surgery patients to ensure that all patients were consented pre-operatively for truncal nerve block eliminating the need and debate over consent via proxy.
- Sample size remains small.
  - Additional changes may be necessary to ensure continued pre-operative nerve block consent.

REFERENCES:

1. "Informed Consent and the Postoperative Pain Control Conundrum." ASRA Pain Medicine, 2025, asra.com/news-publications/asra-newsletter/newsletter-item/asra-news/2018/07/18/informed-consent-and-the-postoperative-pain-control-conundrum. Accessed 30 Nov. 2025.
2. Joudeh L, Stone AB, Gerner P. Can a single-shot abdominal wall nerve block for unexpected opensurgery be done without specific consent? Regional Anesthesia & Pain Medicine Published Online First:13 March 2025. doi: 10.1136/rapm-2025-106496