

Sacral Erector Spinae Plane Block for Gluteal Sarcoma Resection

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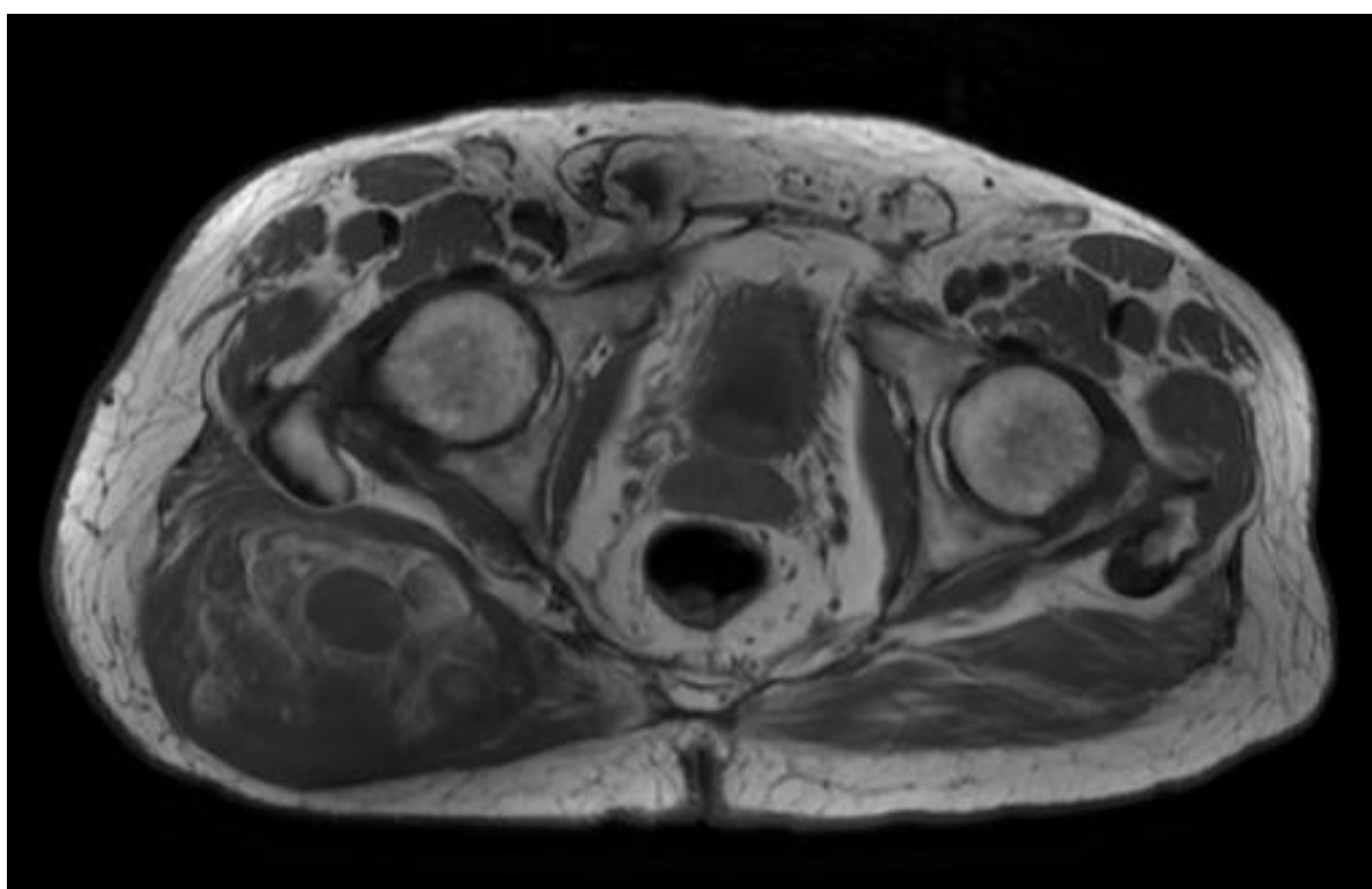
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Introduction

Surgical incisions involving the posterior gluteal regional have been a difficult area for regional anesthesia to treat. Neuraxial techniques limit neurological monitoring and carry increased risks of hypotension and also require monitoring of coagulation status. This case presents a patient who received a single shot sacral erector spinae plane (ESP) block for resection of a liposarcoma in the posterior gluteal region.

The Case

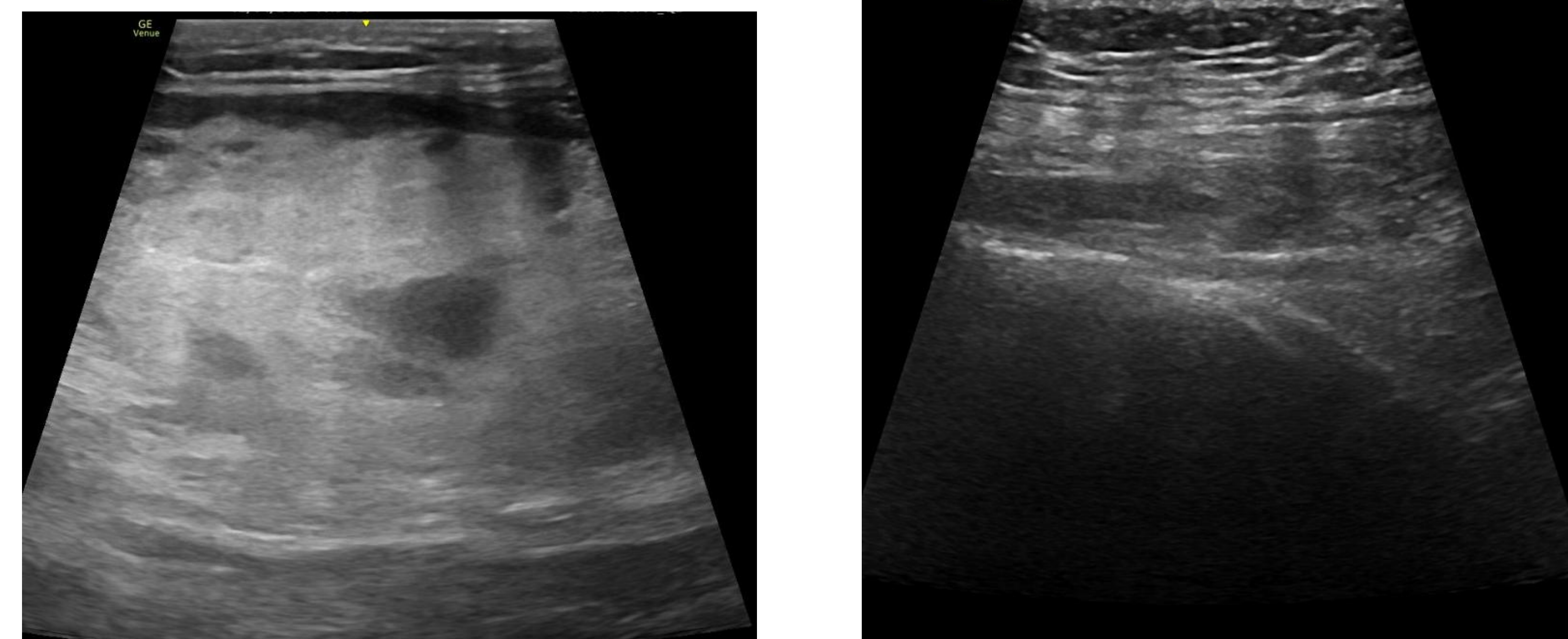
56 year old male presented for radical resection of a right posterior gluteal liposarcoma as seen below.



Procedure

Using a midline approach a 22g 80mm needle was advanced under ultrasound visualization in-plane cephalad to caudad. 30 ml of 0.25% bupivacaine with 1:400k epinephrine was deposited deep to the erector spinae muscle overlying the sacrum. Total surgical time was approximately 2 hours. A 12x8x6 cm liposarcoma removed from the right gluteal region. Patient received 100 mcg fentanyl, 1mg hydromorphone and 30 mg ketamine IV during the intraop period. Post-op had 975 mg PO acetaminophen and no additional opiates.. The following morning he received 4mg PO hydromorphone and was discharged to home in the afternoon.

Figures



Ultrasound images showing the tumor and sacral ESP block

Discussion

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This case presents a patient who received a single shot sacral erector spinae plane (ESP) block for resection of a liposarcoma in the posterior gluteal region.

References

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