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Successful Use of a Lumbar Erector Spinae Plane Block for Postoperative Analgesia after Decompression Laminectomy

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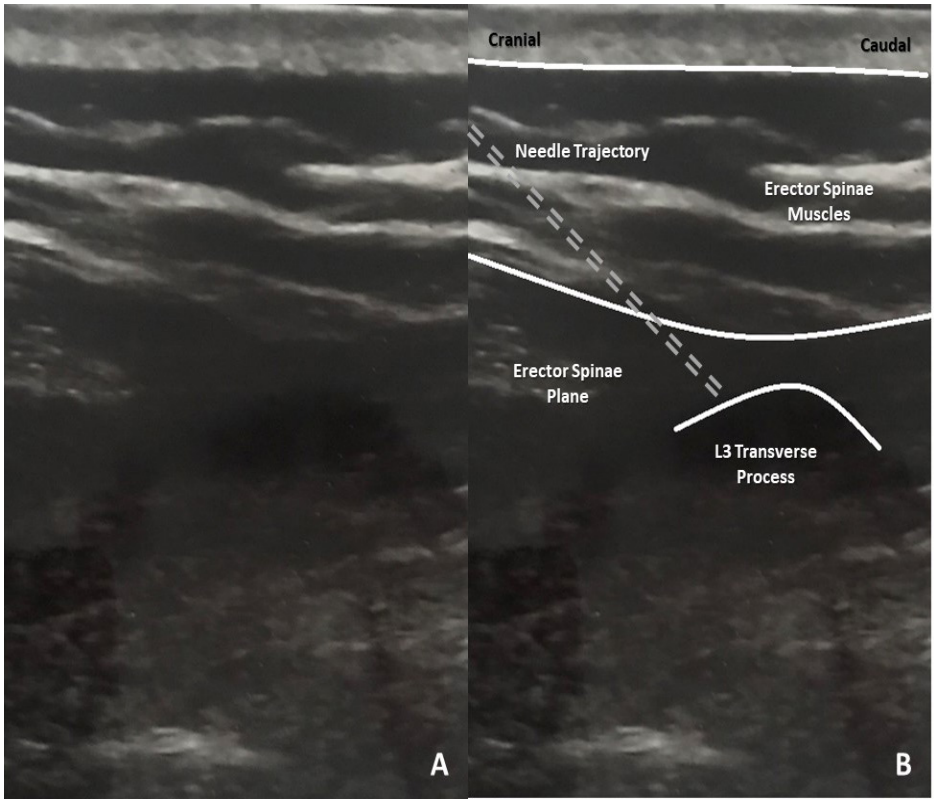

Fig. 1. A) These images demonstrate ultrasound (US) imaging using a linear high frequency ultrasound probe of a lumbar ESP block. B) The anatomical structures represented via US imaging are labeled.

The erector spinae plane (ESP) block is a recently described regional analgesic technique utilized in patients undergoing radical mastectomies, thoracic and abdominal surgeries, or in patients presenting with rib fractures and even chronic shoulder pain (1-3). The block is performed under ultrasound guidance; the erector spinae musculature is first identified and local anesthetic is deposited in the surrounding fascial sheath with the

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goal of elevating the erector spinae musculature off the bony surface (1,4). The efficacy of ESP blocks for post-operative analgesia in patients undergoing spinal surgery has not been extensively studied. These images demonstrate ultrasound imaging of an ESP block, using 10 mL of 0.2% ropivacaine plus 4 mg preservative-free dexamethasone at the L3-L4 level bilaterally, performed preoperatively in an otherwise healthy 59-year-old female undergoing an L3-L4 decompression laminectomy for spinal stenosis (Fig. 1). Our patient required no postoperative opioid analgesics and reported minimal surgical pain post operatively. Interestingly she reported a distinct increased, though tolerable, onset of incisional discomfort at approximately 36 hours after she received her block. In patients undergoing surgery with acute pain or patients with certain chronic pain states, an ESP block may be a highly effective regional technique for analgesia. Further, large trials are needed to assess the safety and efficacy of ESP blocks for acute and chronic pain states.

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