

Blocks for Thoracic Surgery

For thoracic surgery, your surgeon will often request a nerve block for pain control. When patients receive a nerve block for pain control they also receive general anesthesia for the case.

The type of nerve block offered for most thoracic surgery is called a thoracic paravertebral nerve block. For some procedures you may be offered an epidural instead.

What is a nerve block?

A nerve block means that numbing medicine is placed near nerves that provide feeling to a certain part of the body. For instance, the dentist does a nerve block to numb your mouth for dental work.

What is a thoracic paravertebral nerve block?

During a thoracic paravertebral block, a numbing medicine is injected into the space to the side of your spine. The nerves that provide feeling to your chest wall, breast, and arm pit (axilla) are located along your back, just below your neck. We most often place 2 or 3 injections to get all the nerves that provide feeling to your chest wall.

What is an epidural?

An epidural is a tube placed under a ligament in your back. In the space in front of this ligament there are nerves. These are the nerves that provide feeling to your chest wall on both sides. We can give numbing medicine constantly through this tube that we place in your back. The numbing medicine continues until we turn off and remove the tube.

What are the benefits of a nerve block or epidural?

By placing nerve blocks we reduce the need for narcotic pain medicine during and after surgery. It decreases your risk for nausea and vomiting. Using nerve blocks for pain control may also speed your recovery time.

What are the risks of a nerve block?

There is always risk to any medicine or procedure. In the case of thoracic paravertebral nerve blocks or epidural the risks are the ones listed below.

- Bleeding caused by the needle.
- Infection started by the needle.
- Nerve damage caused by the needle.
- Damage to your lung.
- For epidurals, a bad headache afterwards.
- For a time, you may have a droopy eyelid or weak arm.

We take many steps to keep these blocks as safe as possible. These steps include the use of ultrasound for placement of the paravertebral blocks when possible. In most cases, the benefits outweigh the risks. We will discuss this with you on the day of surgery. These blocks have been very successful at this hospital.

The day of surgery

1. You will arrive in the pre-surgery area. You will change into a gown. A nurse will review your health history and surgery plan.
2. You will see an anesthesiologist. He or she will talk to you about your health and anesthesia choices for the day. If you choose to have a nerve block, you will meet the block nurse. The nurse will talk to you about your health. The nurse will take you back to a special room where the nerve blocks will be placed.
3. If you choose to have a nerve block, you will be made sleepy with intravenous medicine. An ultrasound machine will be used to help guide the paravertebral injections in your back. Landmarks will be used to guide epidural placement. Your skin will be numbed at each injection site. When the nerve block is complete, you will go to the operating room. We will confirm your name, birth date, and procedure. You will receive general anesthesia for the case.
4. During surgery you will be unconscious. At the end of your surgery, we will wake you up. The breathing tube will be removed. You will go to the recovery room. Here you will continue to wake up. You will receive any treatment you need for pain or nausea. After this recovery time, you will return to your room.
5. Someone from the block team will usually visit you the day after your surgery. They will check to see how you are doing and how the block worked. If you have an epidural it will be run with medicine continuously. You will see the pain team for as long as the block is in place.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright ©4/2015. University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#7293.