

A survey of current practice, proficiency and training in placement of erector spinae plane block in Glasgow Royal Infirmary

M McGarraghy, C Ward, R Cowan

Glasgow Royal Infirmary



Introduction

The erector spinae plane (ESP) block was described in 2016 as a novel regional anaesthetic technique for acute and chronic thoracic pain ¹ and has recently been endorsed by RA-UK as one of 7 "Plan A" blocks that all anaesthetists should become proficient in ². This is with the hope of standardising care and providing blocks with the 'highest possible valve to the greatest number of patients' while also addressing inconsistencies in education and training. We surveyed consultants and trainees in Glasgow Royal Infirmary (GRI) to determine current practice, proficiency and training in placement of ESP blocks.

Fig.1 Percentage of ESP blocks/catheters placed



Methods

For this survey ethical approval was deemed unnecessary. Given Covid-19 restrictions an online survey format was chosen and in January 2021 all anaesthetists at GRI were invited to respond.

Results

Results were analysed from 65 respondents (44.5% of anaesthetists invited to respond). Fifty eight percent of respondents were consultants and 42% trainees. Sixty five percent of respondents had never performed an ESP block while 23% had performed between 1-5 blocks and only 2% had placed between 16-20 blocks. Seventeen percent would feel confident performing the block unsupervised. Sixty three percent of respondents had not received any formal training on ESP block or catheter placement but 89% felt that this would be valuable. Fifty eight percent of respondents were aware that the ESP block is now one of 7 plan A blocks endorsed by



Fig. 3 Those surveyed who received formal traning in ESP block placement



RA-UK. When asked what resources for training are available respondents stated NYSORA, RAUK/RCOA block webinars, YouTube videos, local and cadaveric courses.

ERECTOR SPINAE PLANE BLOCK cephalad Indications: Chest wall procedures and rib fractures ing: Sitting, lateral decubitus or prone Depth: 4 - 10 cm Needle: 22G 50 - 100 mm or 18G Tuohy folume: 20 - 30 ml, do not exceed max. dose of LA Sagittal plane about 3 cm lateral to the midline of LA: Inject a small amount of LA to o sach: in-plane, orphalad to caudad or caudad to correct fascial plane. LA should spread below the erector spinae phalad nuscle, caudal to cranial. st view: Identify the transverse process in the middle of the Tips: Aim for the transverse process and use it as a back stop tended dermatomal spread. Two transverse processes with to avoid over inserting your needle. This is a fascial plane he muscle layers in view block which requires high volumes for spread. Be cautious echnique: Needle insertion towards the TP at the desired to not exceed maximum dose of LA. Consider using dilute Abbreviations level. Inject below erector spinae muscle. solution of LA. TP = Transverse Proces Local Anaesthetic Spread

Our survey suggests that further training is required in our department before we can meet the standard of all anaesthetists being proficient in ESP block placement and we can offer this as a reproducible standard of care. We have provided formal lectures and hands-on training to trainees since the survey and hope to role this out to the whole department. We also hope to introduce a rib fracture management protocol at GRI which will include ESP catheters as part of the analgesic pathway.

References

 Forero M, Adhikary SD, Lopez H, Tsui C, Chin KJ. The Erector Spinae Plane Block: A Novel Analgesic Technique in Thoracic Neuropathic Pain. Reg Anesth Pain Med. 2016 Sep-Oct;41(5):621-7. doi: 10.1097/AAP.000000000000451. PMID: 27501016.
Turbitt LR, Mariano ER, El-Boghdadly K. Future directions in regional anaesthesia: not just for the cognoscenti. Anaesthesia. 2020 Mar;75(3):293-297. doi: 10.1111/anae.14768. Epub 2019 Jul 3. PMID: 31268173.

earch poster presentation template © 2019 ww.PosterPresentations.co