

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

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Introduction

The erector spinae plane (ESP) block was described in 2016 as a novel regional anaesthetic technique for acute and chronic thoracic pain¹ and has recently been endorsed by RA-UK as one of 7 “Plan A” blocks that all anaesthetists should become proficient in². This is with the hope of standardising care and providing blocks with the ‘highest possible value 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.

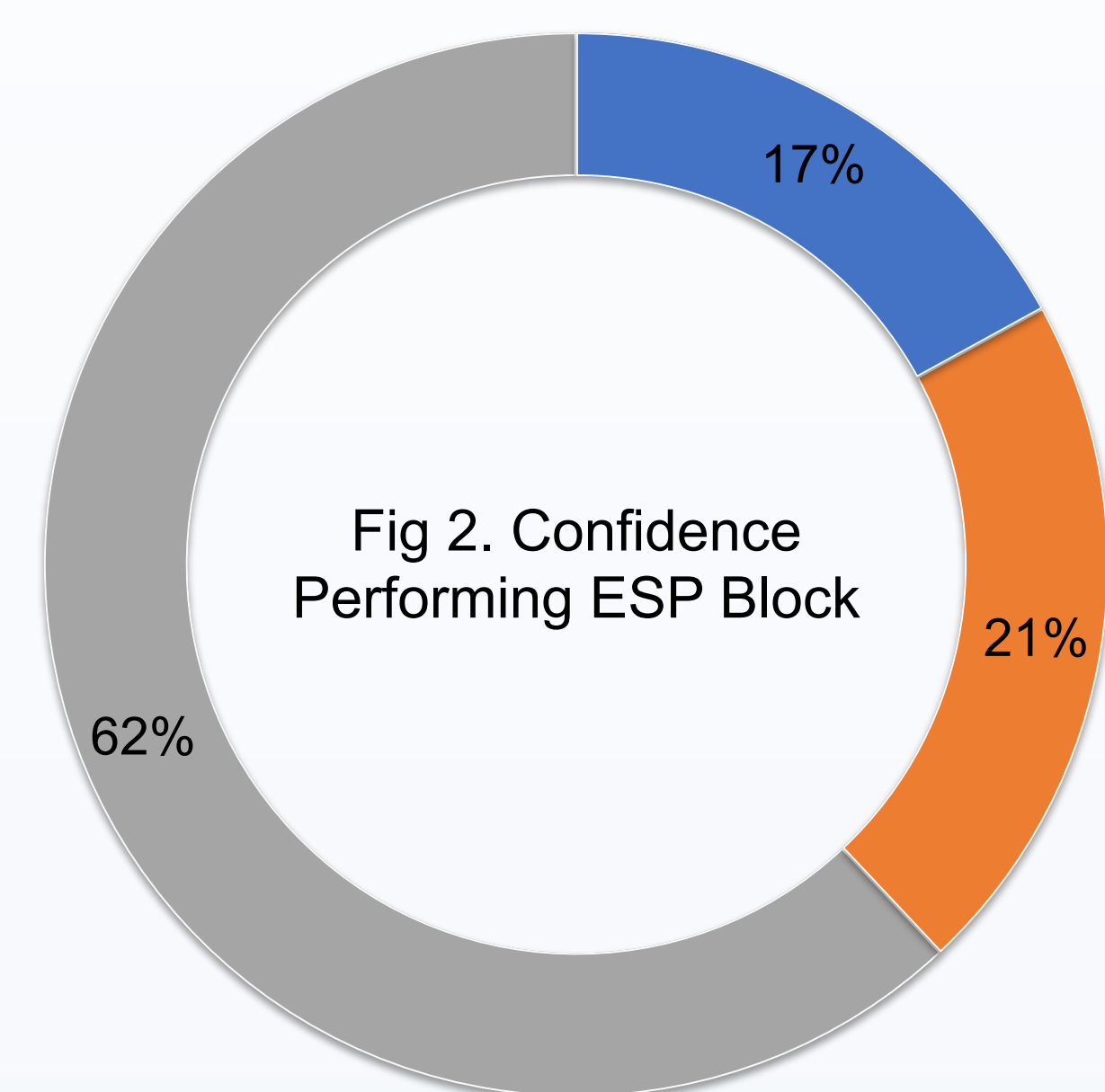
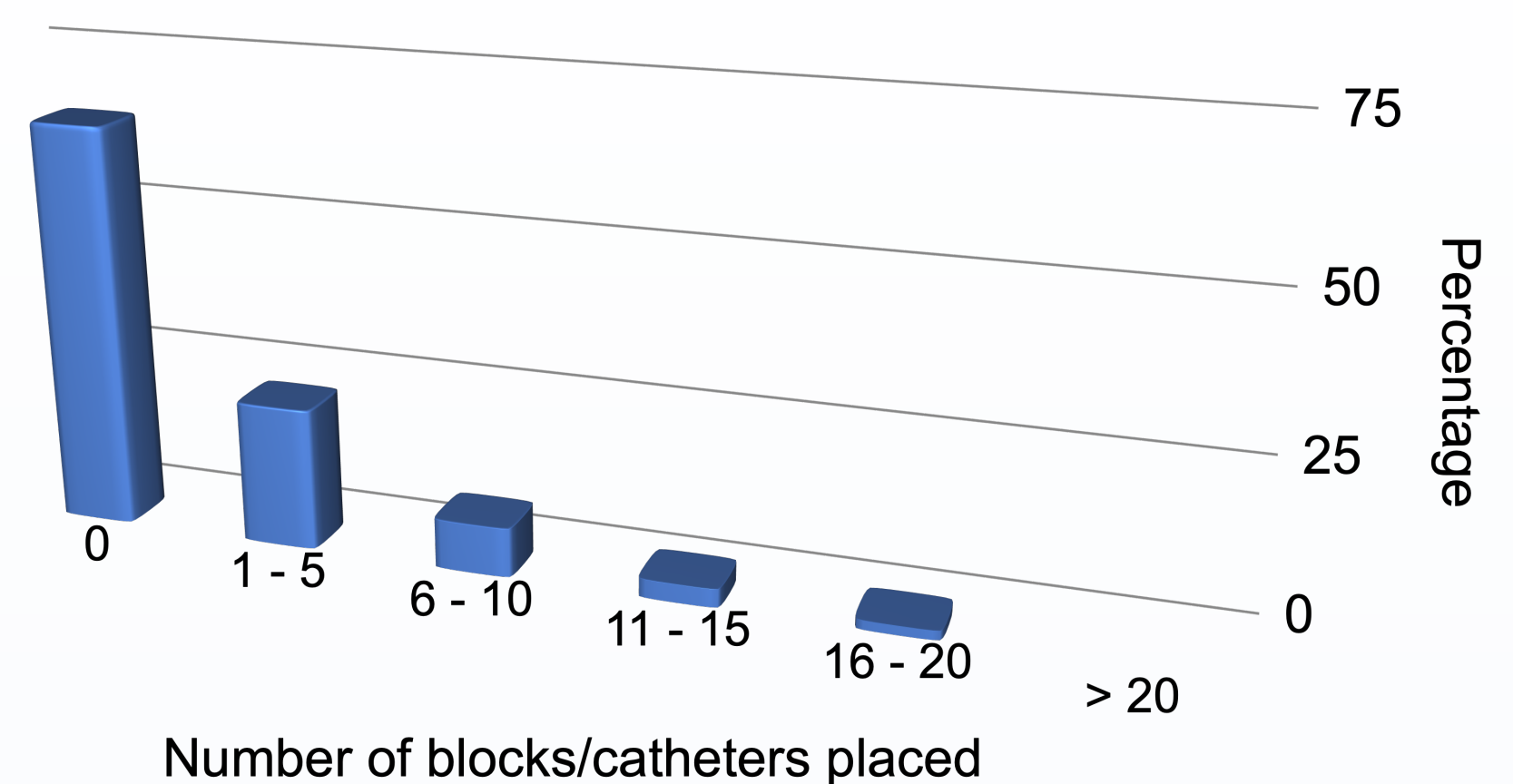
Methods

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

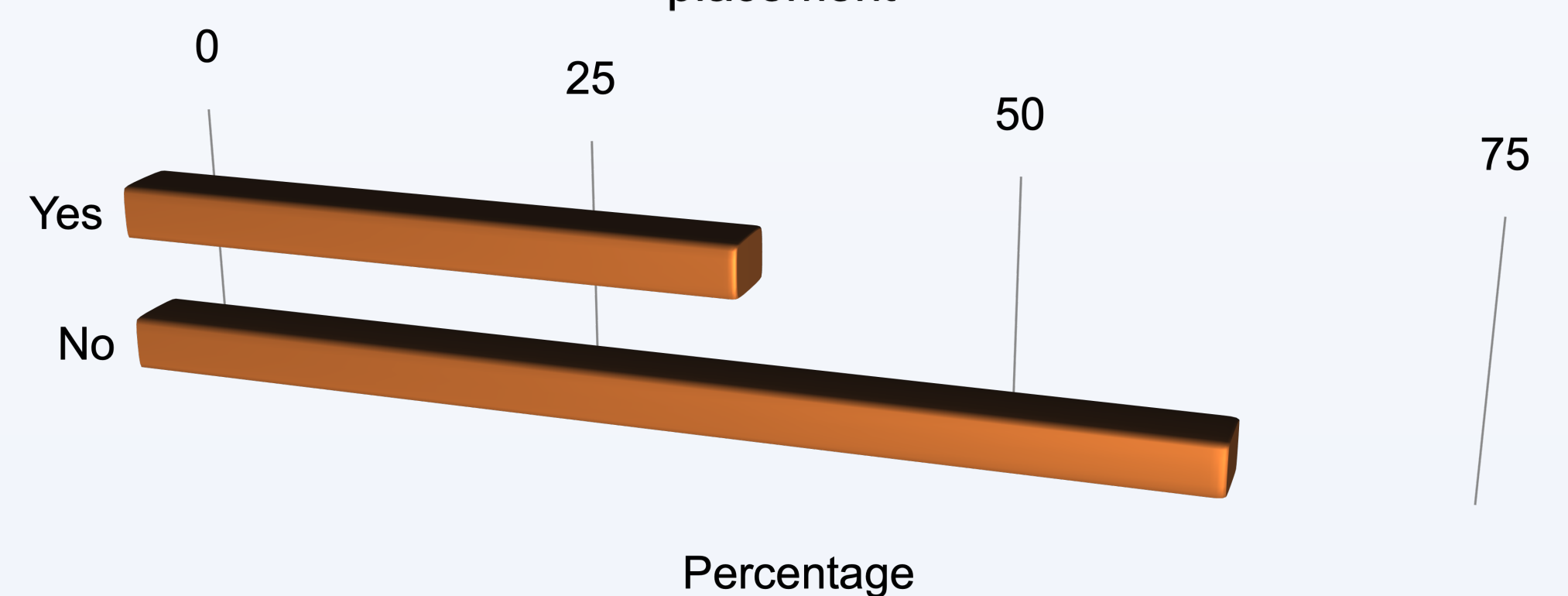
Results were analysed from 65 respondents (44.5% of anaesthetists invited to respond). Fifty eight percent of respondents were consultants and 42% trainees. Sixty five percent of respondents had never performed an ESP block while 23% had performed between 1-5 blocks and only 2% had placed between 16-20 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 RA-UK. When asked what resources for training are available respondents stated NYSORA, RAUK/RCOA block webinars, YouTube videos, local and cadaveric courses.

Fig.1 Percentage of ESP blocks/catheters placed



- Confident - would perform unsupervised
- Somewhat Confident - would consider performing
- Not Confident - would not perform unsupervised

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



Conclusion

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 roll 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.0000000000000451. PMID: 27501016.
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