

Procedure

- thoracic paravertebral block is a technique to achieve good perioperative analgesia for thoracic surgery
- after general anaesthesia, the anaesthetist will position you into lateral position
- anaesthetist will inject local anaesthetic drug into the thoracic paravertebral space of operative side
- the thoracic paravertebral space contains nerves arising from the adjacent vertebral column/spine which supplying the chest wall
- local anaesthetic drug will act on the nerves and achieve pain control
- surgeons may put catheters into paravertebral space during operation for extended postoperative pain control

Advantage of good perioperative analgesia

- good postoperative pain control is important especially in thoracic surgery to
- >reduce surgical pain and improve patient satisfaction
- >improve postoperative recovery of lung function
- >improve postoperative chest physiotherapy, coughing effort and reduce chest infection
- >improve wound healing
- >shorten hospital stay

Advantage of thoracic paravertebral block

- >good quality of pain control
- >low failure rate
- >good safety profile, severe complication is rare
- >reduce need for systemic analgesic drug such as morphine; thereby reducing associated systemic complications like sedation, nausea, vomiting and respiratory depression
- >reduce perioperative stress response, improve haemodynamic profile and may reduce ischemic heart attack

Complications

- Severe complications are rare. No reported fatality directly related to thoracic paravertebral block
- Overall complication rate is around 5%
- Minor complications
 - failure/ suboptimal pain control - 6.8%-10%
 - hypotension - 4.6%
 - vascular puncture and haematoma - 3.8%
 - pneumothorax - 6.5%
 - localise infection
- Severe complications
 - accidental intravascular injection and local anaesthetic drug overdose
 - dural puncture related complications
 - intrathecal injection and spinal anaesthesia
 - post dural puncture headache
 - complications related to spread of local anaesthetic drug
 - epidural spread resulting in hypotension
 - Horner syndrome (transient visual disturbance)
 - transient sensory change of arms (T1 block)
 - Nerve injury (transient pain in the distribution of the injured nerve)

The doctor(s) have fully explained the above to me (the undersigned) which I fully understand. The doctor(s) have also answered the questions that I have asked.

Patient label

Signature: _____

Date: _____