

Blocks for Thoracic Surgery

This handout explains nerve blocks and how it helps with pain control for thoracic surgery. The most common nerve block is called a thoracic paravertebral nerve block. Not all patients that get thoracic blocks get paravertebral blocks. In some cases, patients may have an epidural instead.

What is a nerve block?

A nerve block uses medicine to numb specific nerves. For instance, the dentist does a nerve block to numb your mouth for dental work.

What is a thoracic paravertebral nerve block?

A paravertebral nerve block numbs your chest, breast and arm pit area. These nerves are in your back, just below your neck. With this type of block, numbing medicine is placed in your back, next to your spine. It often takes 2 or 3 shots to make the chest wall numb.

What is an epidural?

An epidural is a small catheter or tube placed just outside the spinal cord (called the epidural space). Numbing medicine is given through the tube and bathes the nerves. The nerves become numb. This helps control the pain you have after surgery. Numbing medicine works until we turn it off and take the tube out.

What are the benefits?

Nerve blocks and epidurals help control your pain. It can help lower the need for opioid pain medicine. It lowers your risk for nausea, vomiting, sleepiness, and constipation. Nerve blocks decrease the amount of time that a breathing tube stays in. All of this helps you heal faster.

What are the risks?

- Bleeding or infection
- Nerve damage caused by the needle
- Damage to your lung
- For epidurals, a bad headache
- For a time, you may have a droopy eyelid or weak arm
- Low blood pressure
- Numbness or weakness

We take many steps to keep these blocks safe. We use an ultrasound to help with the placement. Most of the time, the benefits outweigh the risks. We will discuss this with you the day of surgery.

The Day of Surgery

You will go to the pre-op area and change into a gown. A nurse will review your health history and surgery plan.

You will see an anesthesia doctor. 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 meet and talk with you as well.

If you choose to have a nerve block you will get IV medicine that may make you sleepy. We will use ultrasound to guide nerve block placement. We may numb your skin at each place you will have the shot. When the nerve block is done, you will go to the operating room (OR). We will confirm your name, birth date, and procedure. You will receive general anesthesia.

During surgery, you will be asleep and have a breathing tube. At the end of your surgery, we will take your breathing tube out and wake you up. You will go to the recovery room.

You can have medicine for pain or nausea if needed. Once the nurse feels you are ready, you will go back to your room.

Someone from the block team will visit you the day after surgery. They will check to see how you are doing and how the block worked.

If you have an epidural it will run nonstop with medicine. You will see the pain team while the block is in place. Epidurals remain in place until the chest tube is removed.

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 © 10/2019 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#7293