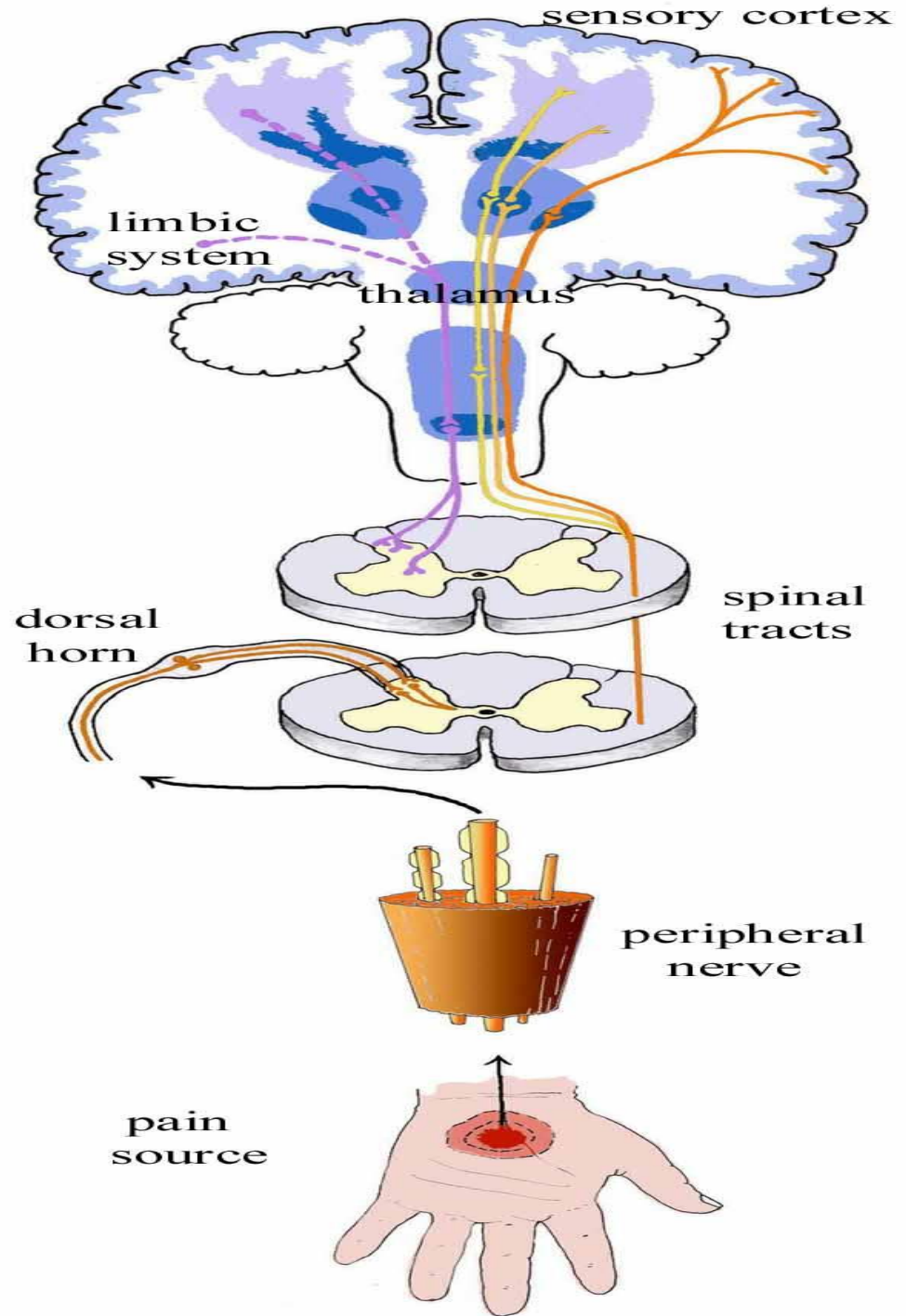


Nerve block

Pain pathway

- Spinothalamic tract



Regional anesthesia

- Spinal anesthesia
- Epidural anesthesia
- Peripheral nerve block

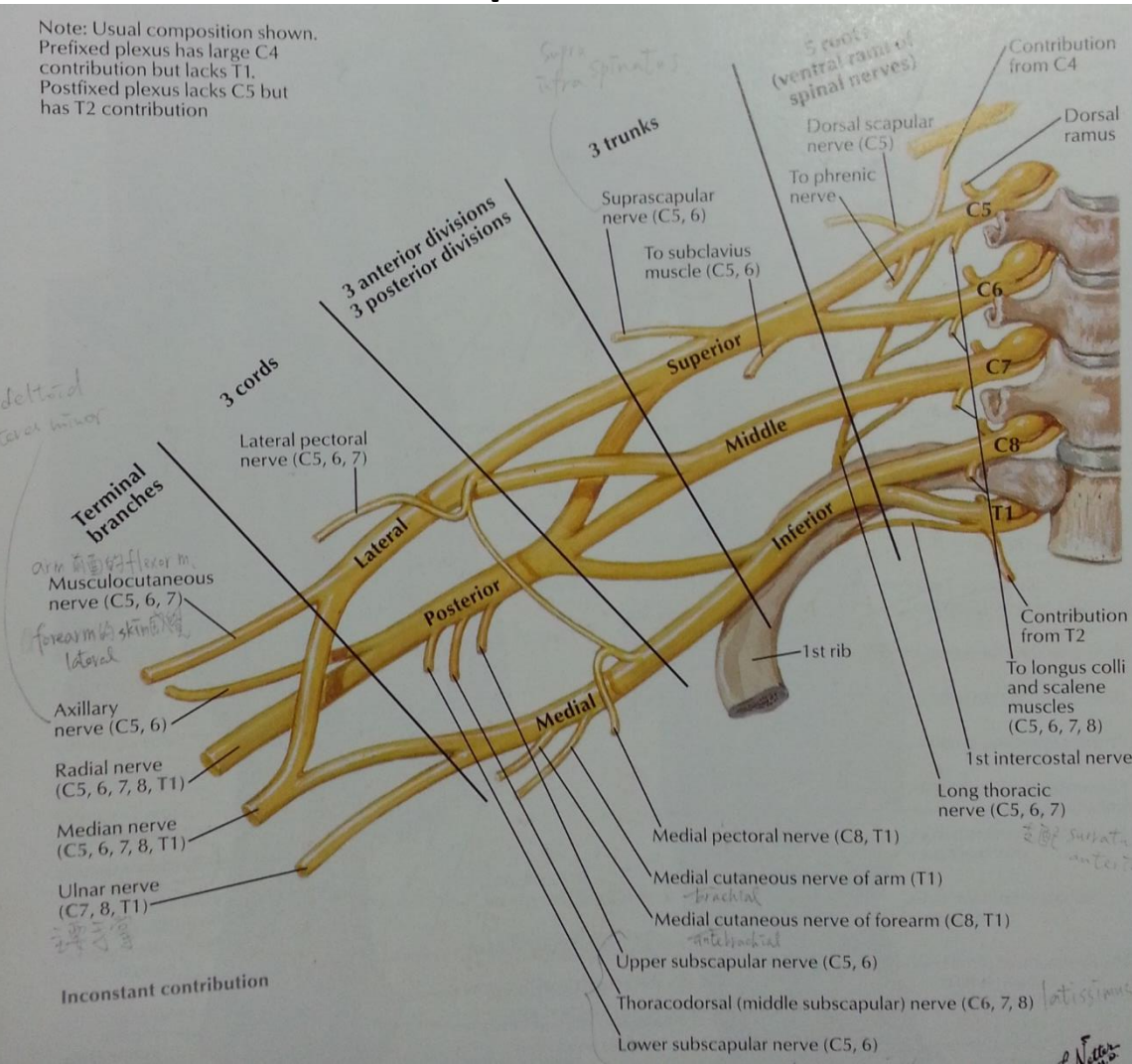
Nerve block

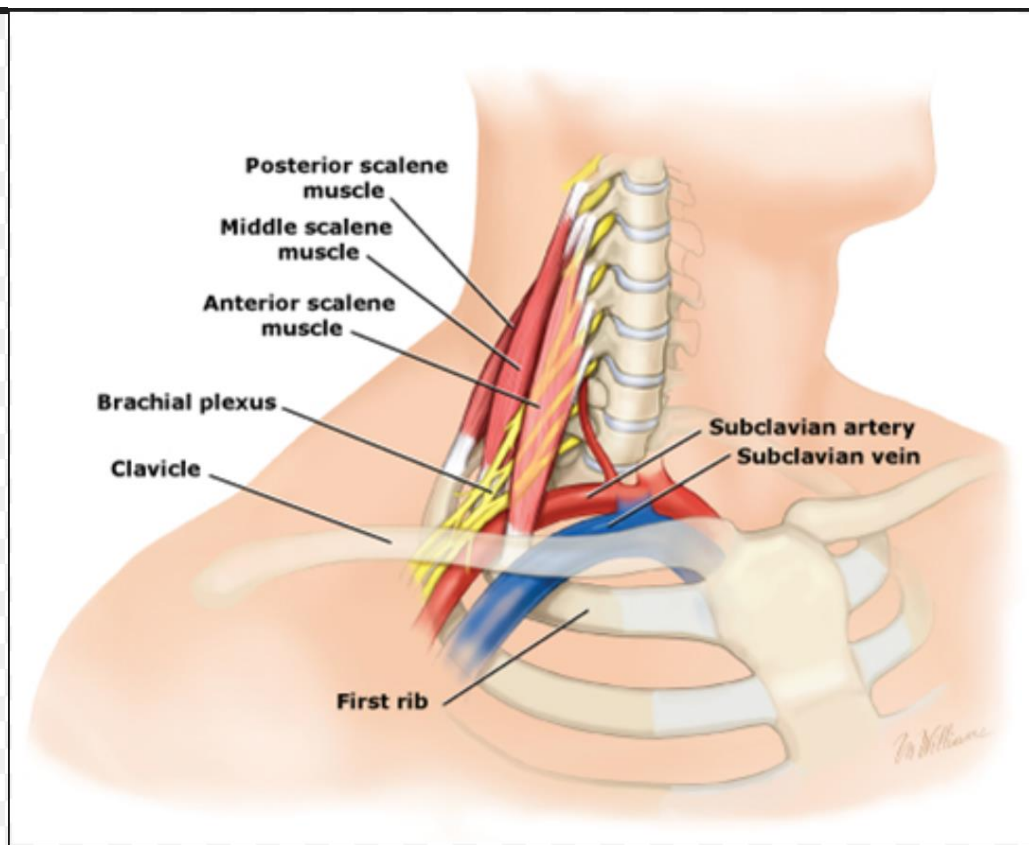
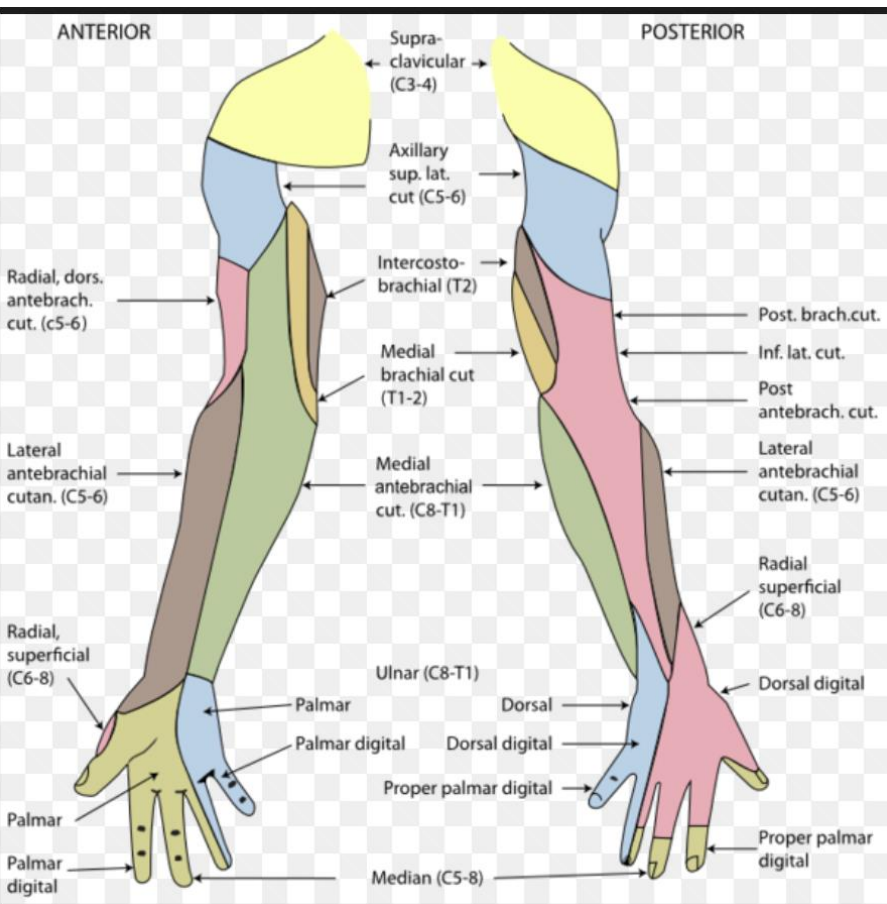
- Head and neck
- Cervical region
- Shoulder
- Upper extremity
- Thoracic region
- Lumbosacral spine
- Abdomen and pelvic
- Lower extremity

常見nerve block

- Brachial plexus block

Note: Usual composition shown.
Prefixed plexus has large C4 contribution but lacks T1.
Postfixed plexus lacks C5 but has T2 contribution







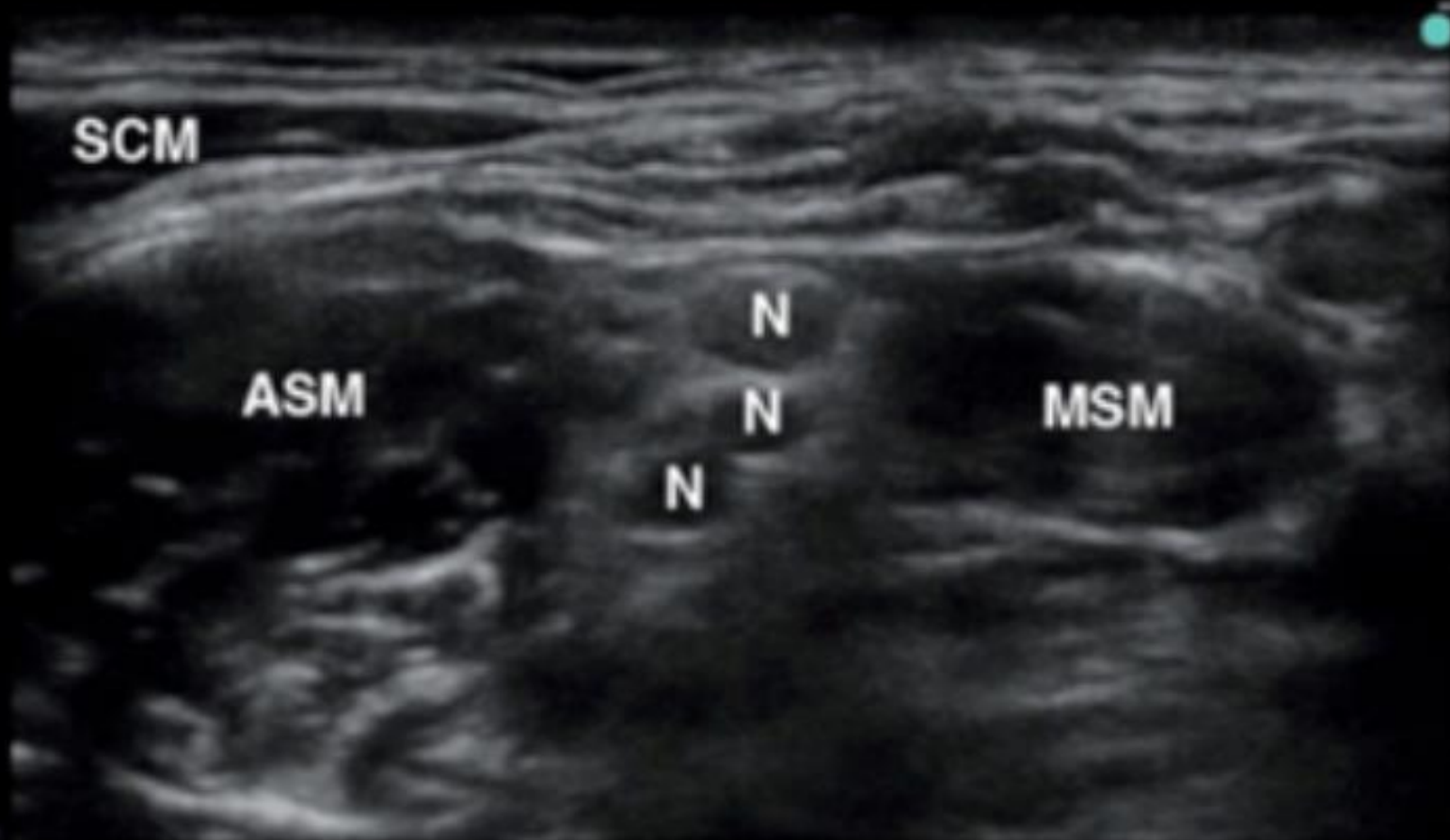
Res

S

MB

Nrv

HFL



99%

MI

0.8

TIS

0.1



117

A

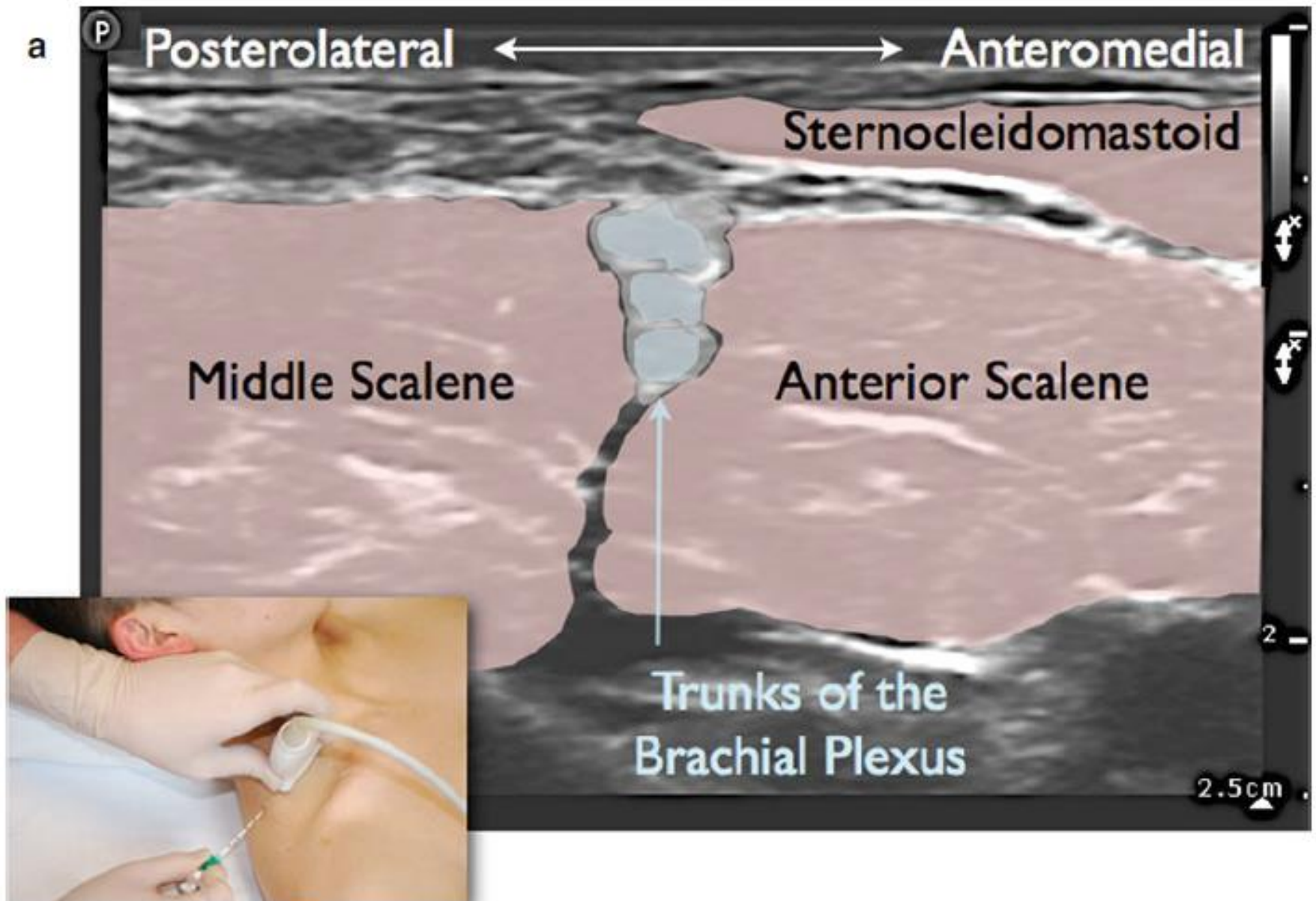
B



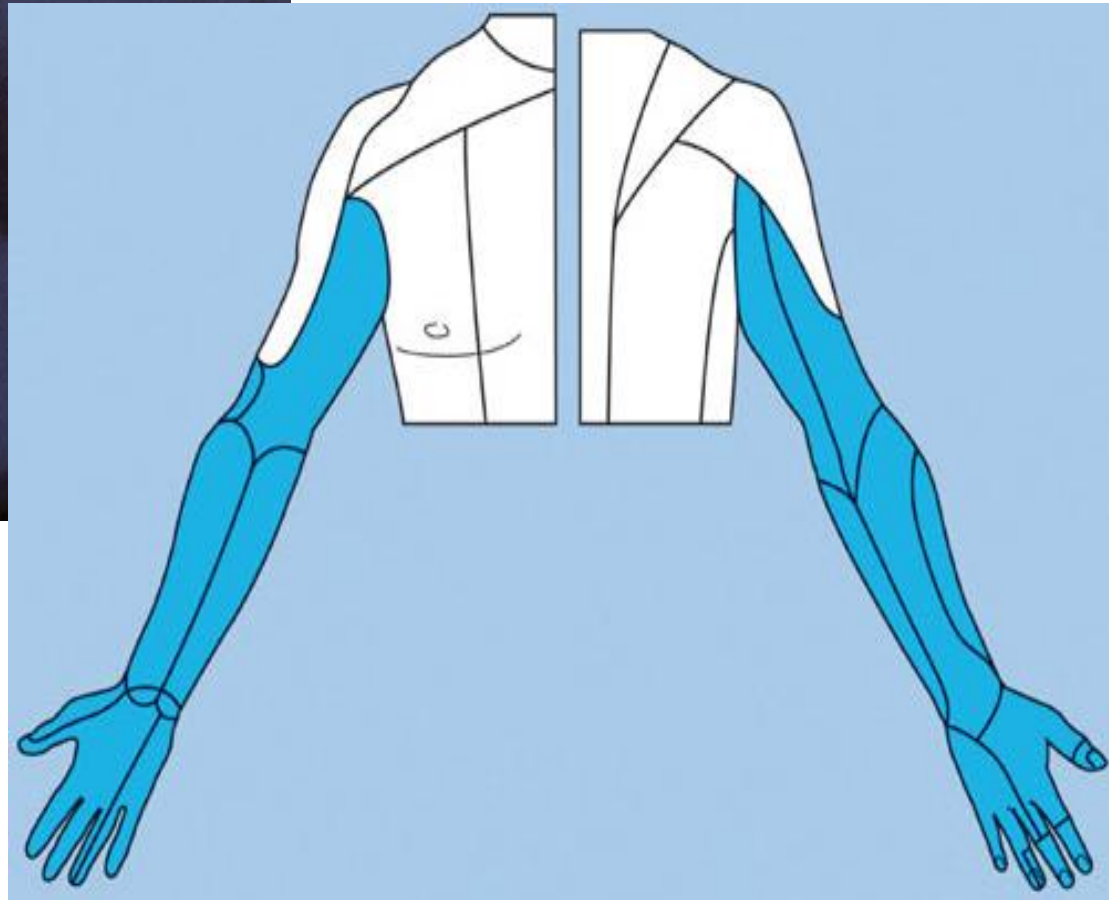
Cine

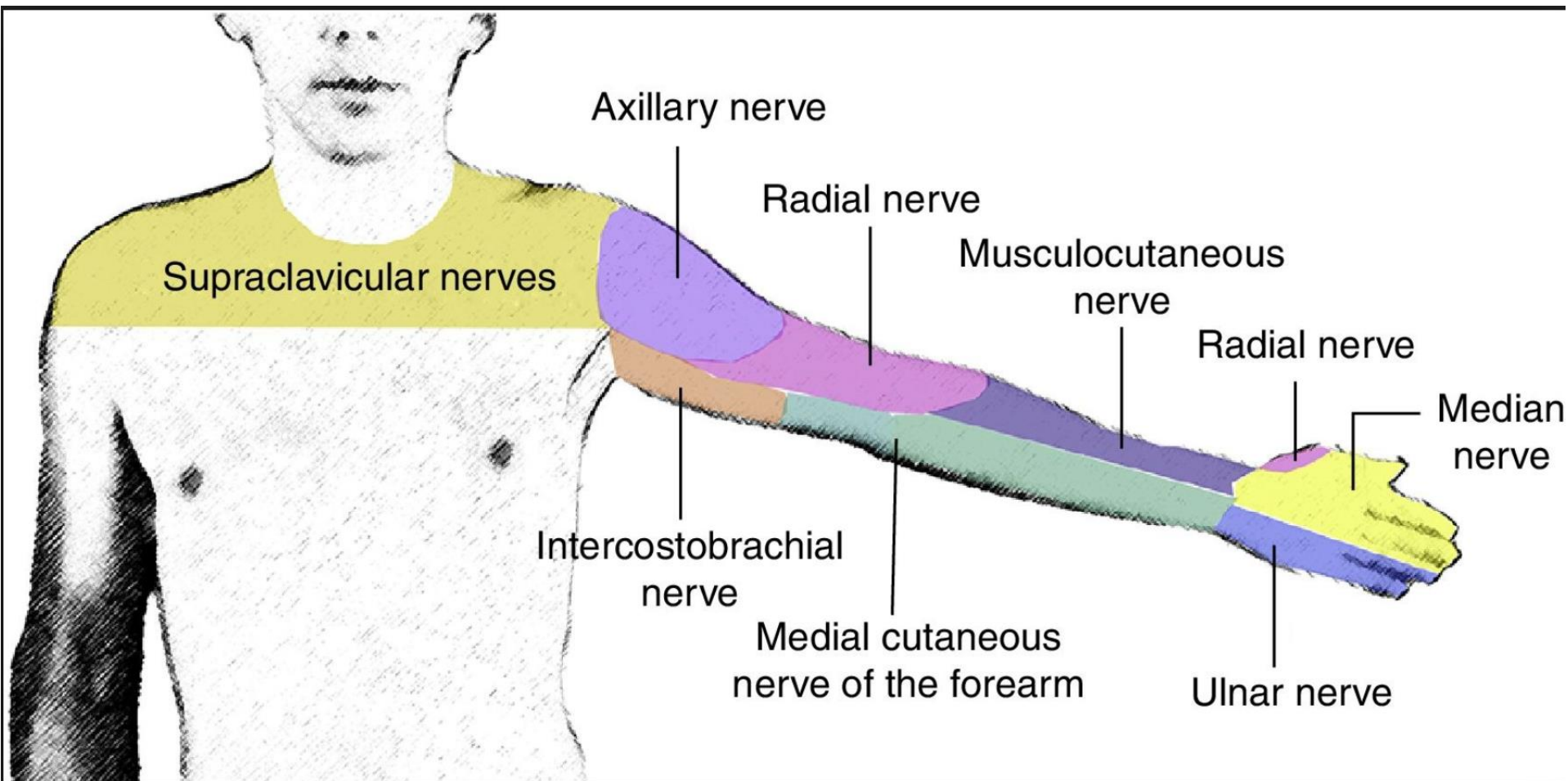
2.2

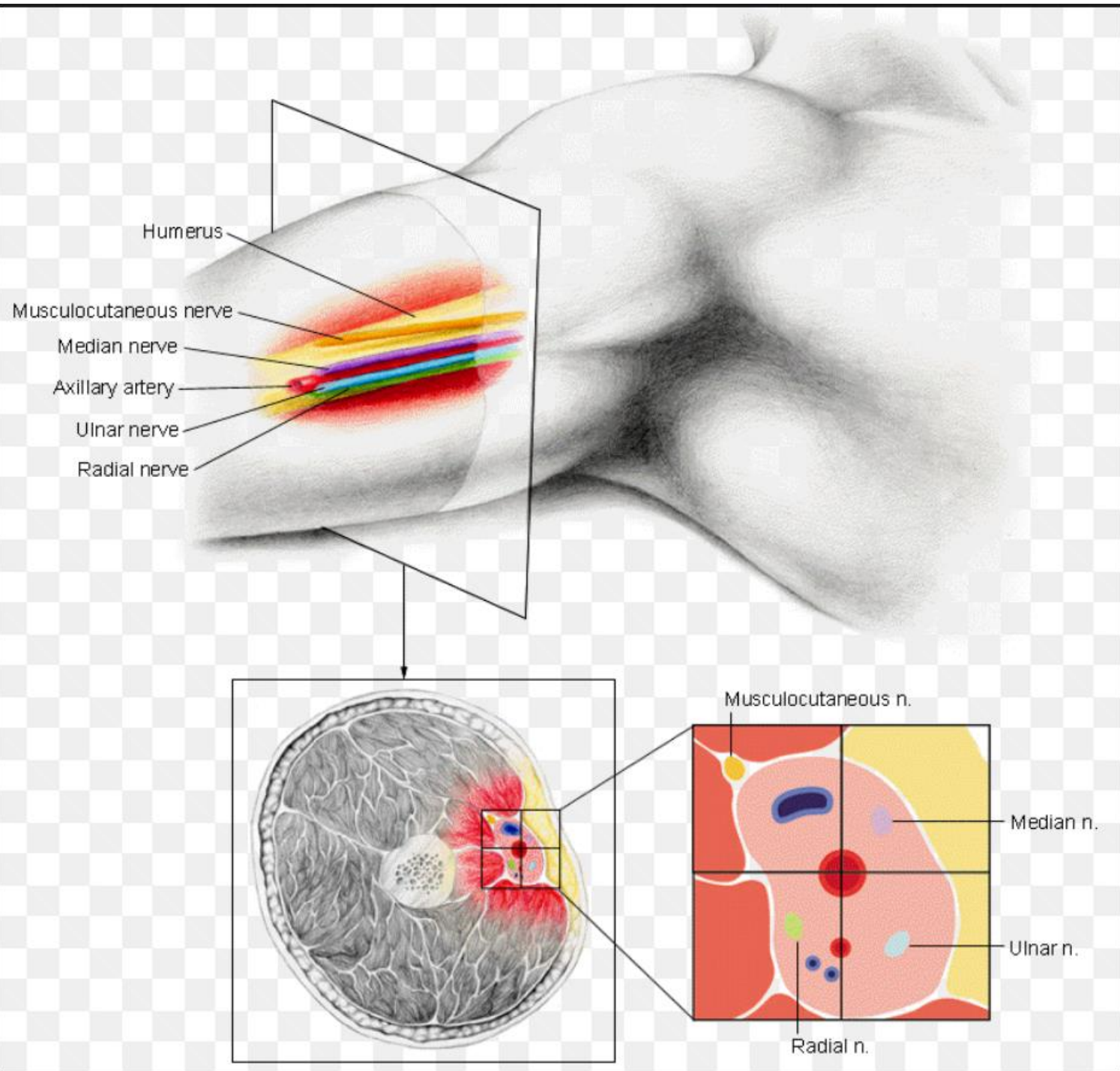
- Interscalene nerve block

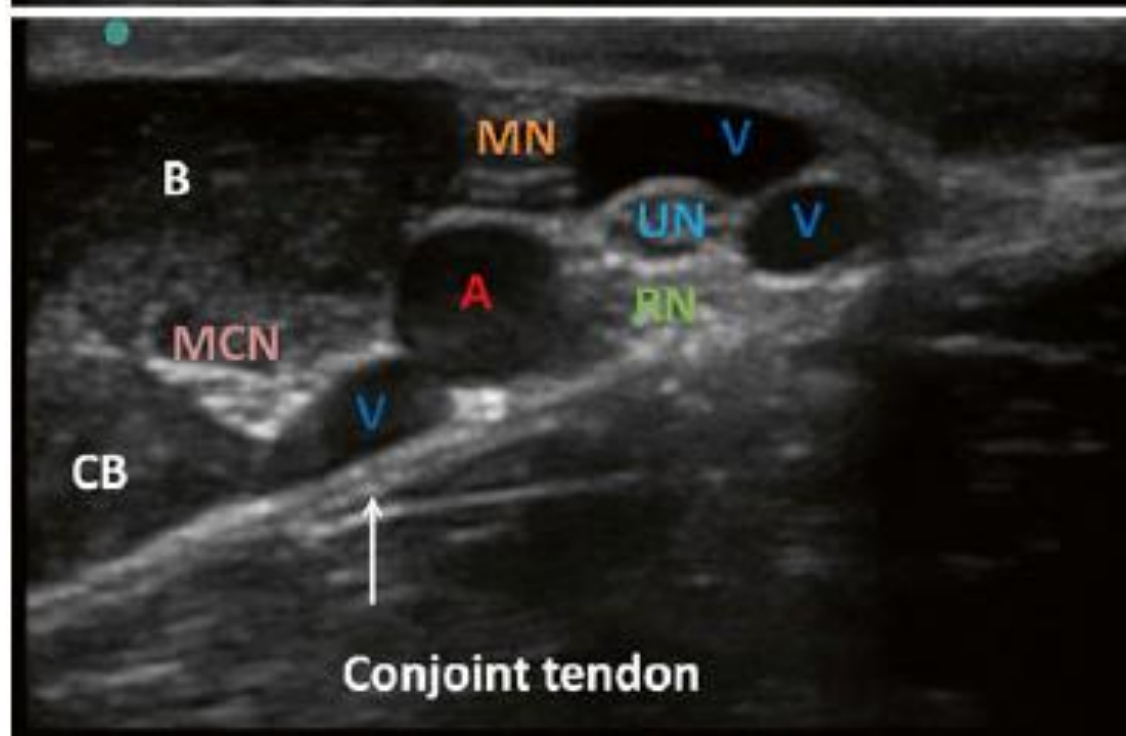
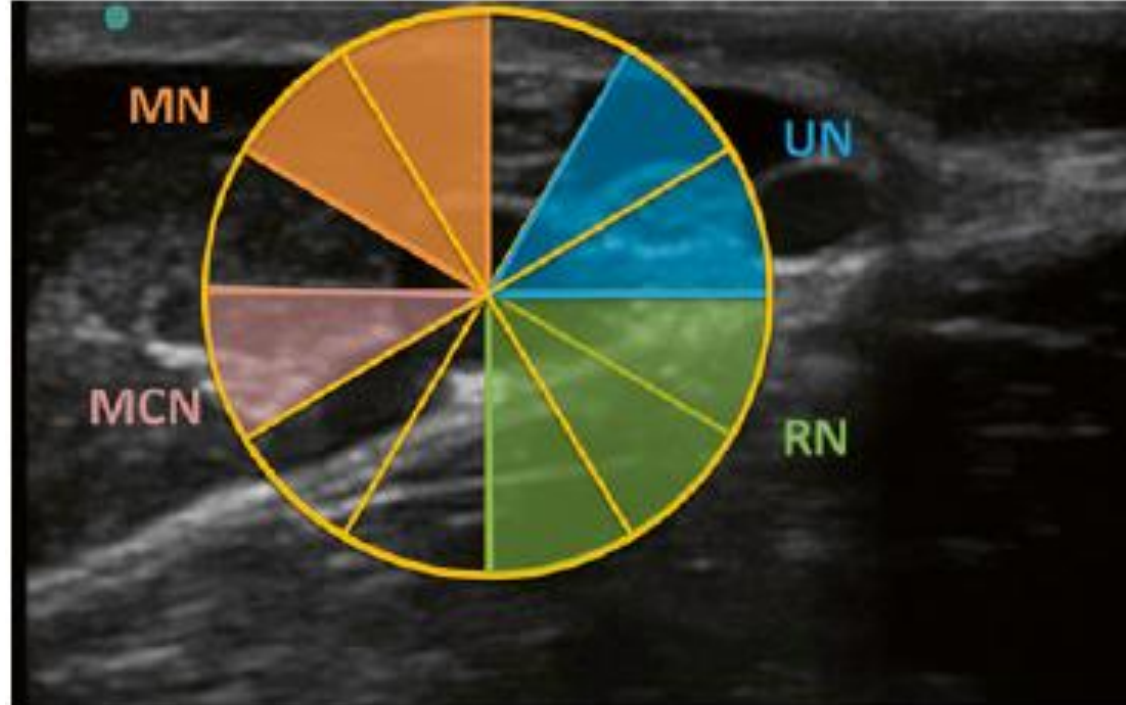


- Axillary nerve block

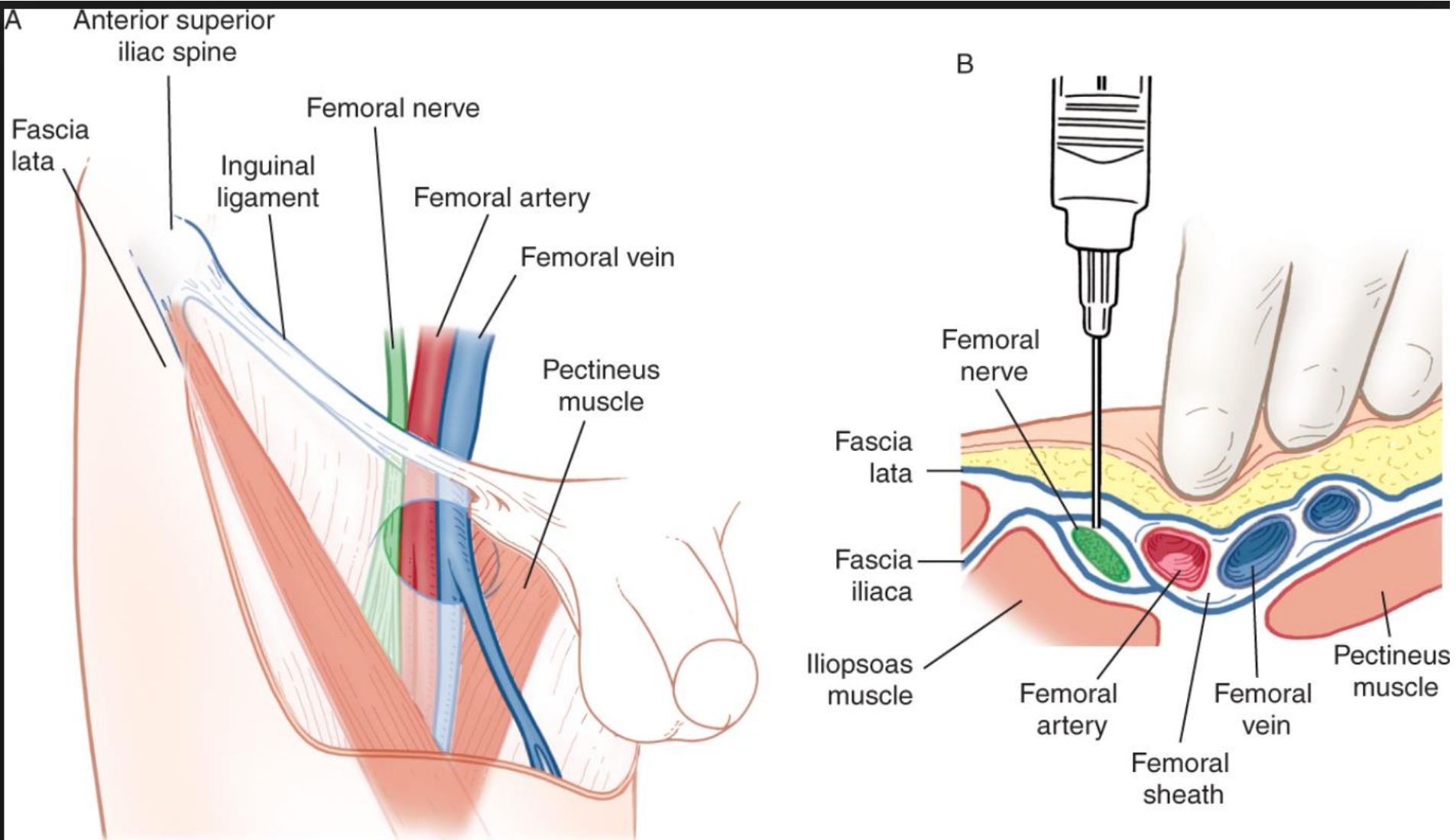


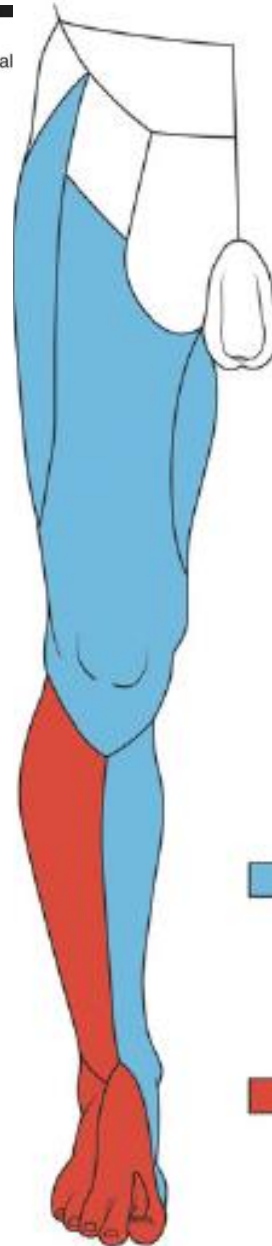
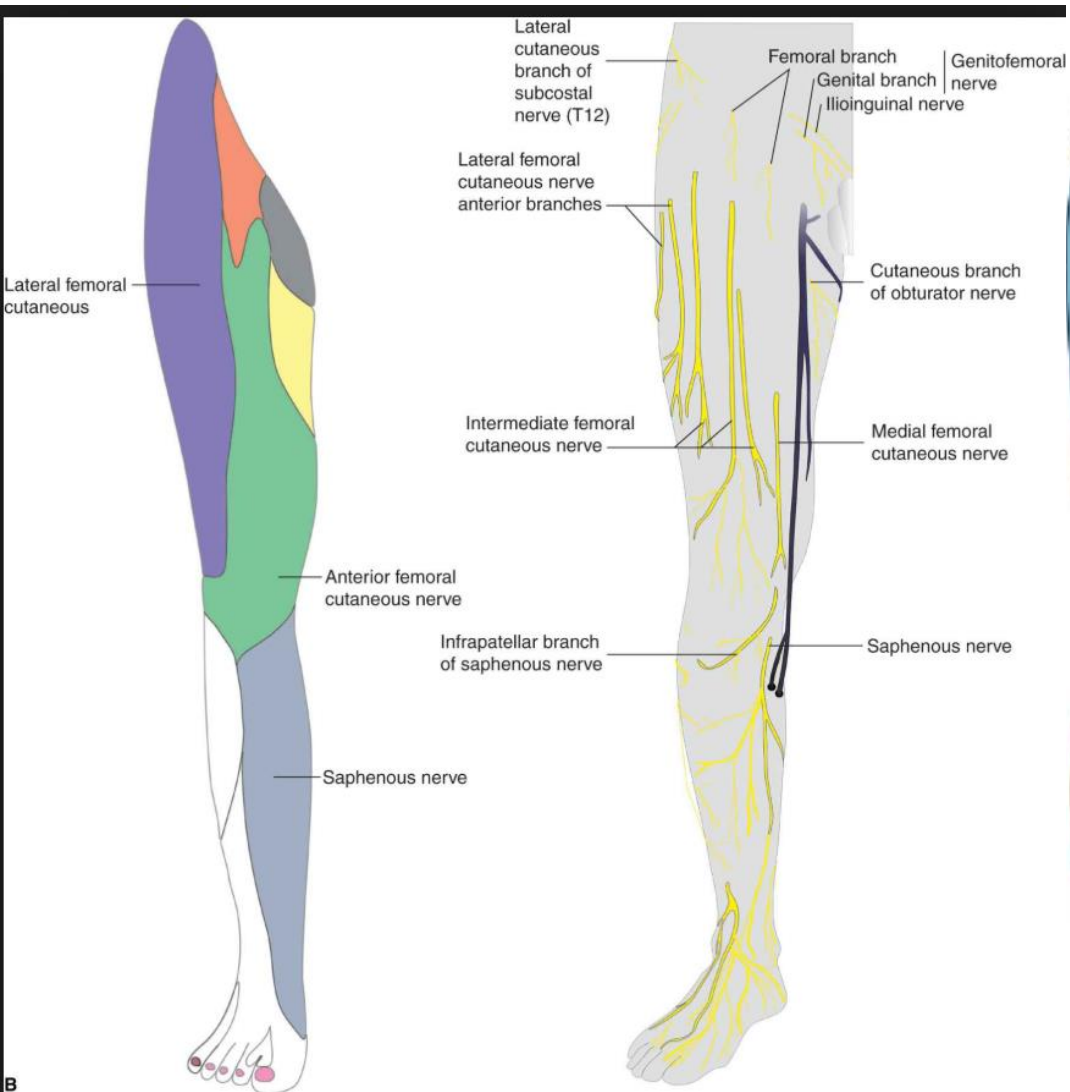






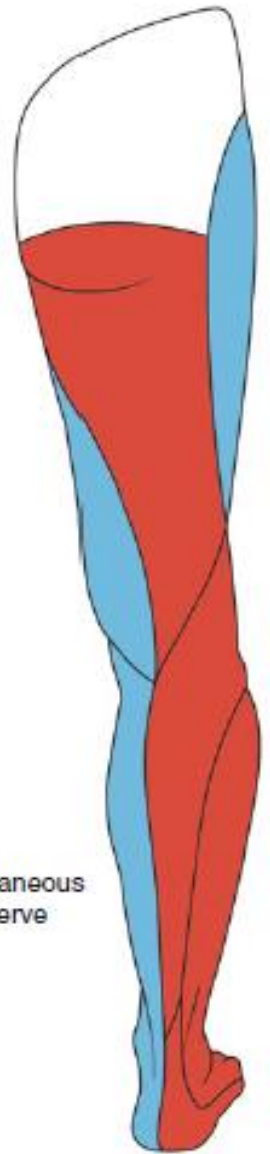
- Femoral nerve block





■ Femoral nerve,
lateral femoral cutaneous
nerve, obturator nerve

■ Sciatic nerve



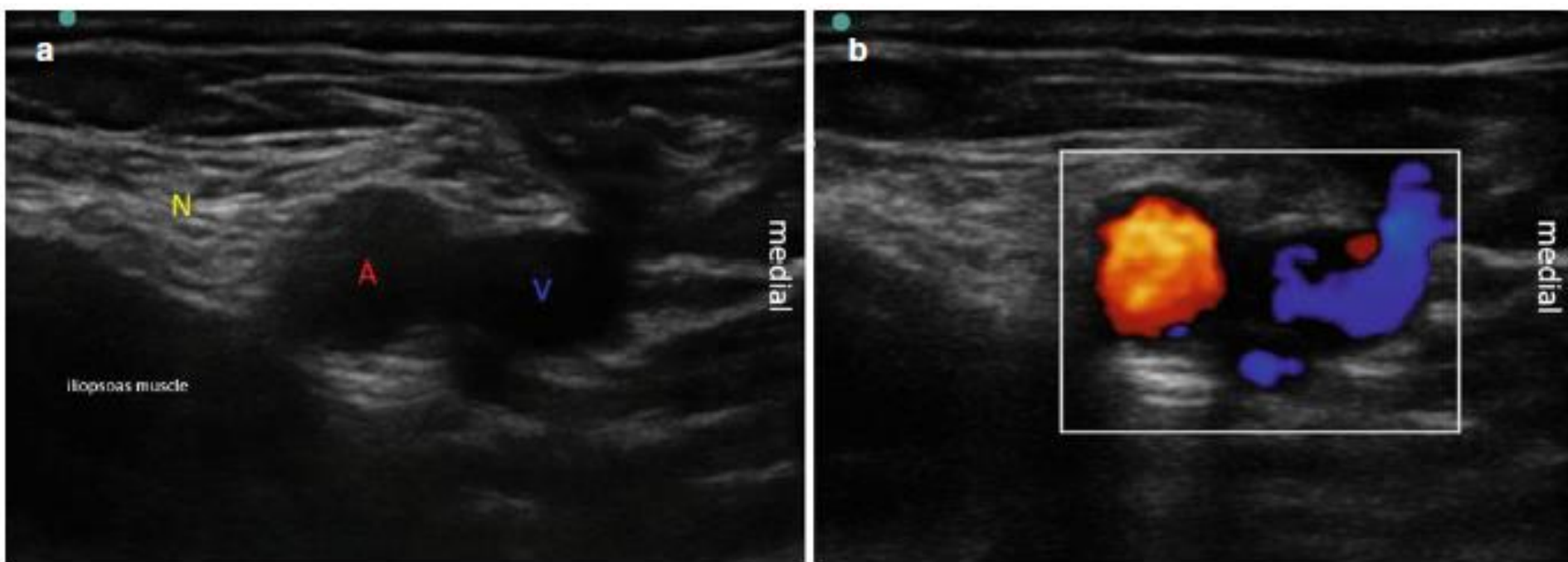


Fig. 59.19 (a) Femoral nerve (*N*) in the inguinal crease, femoral artery (*A*), and femoral vein (*V*) as landmarks. (b) Color Doppler as a confirmation method (With permission from Jens Kessler)

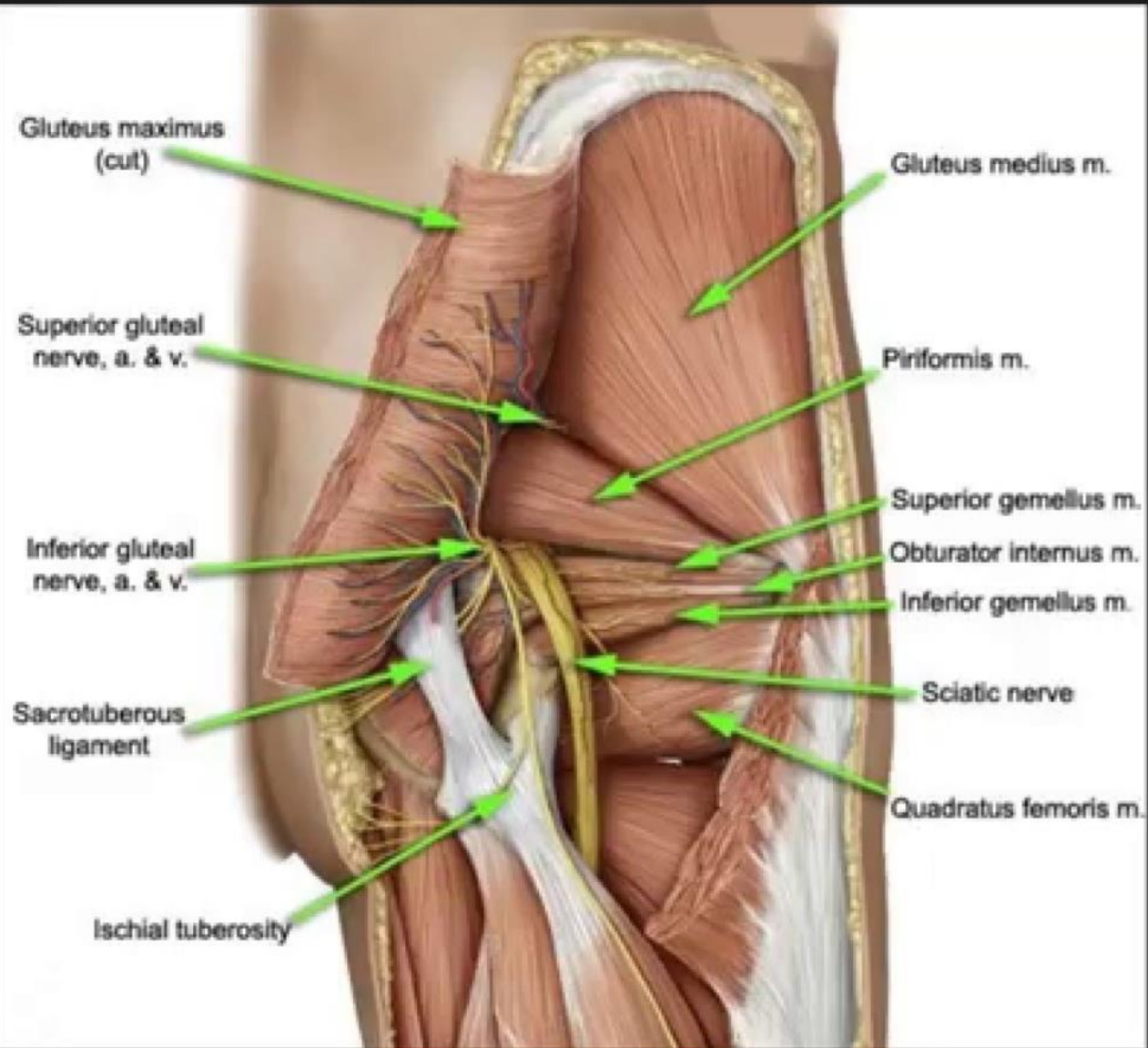
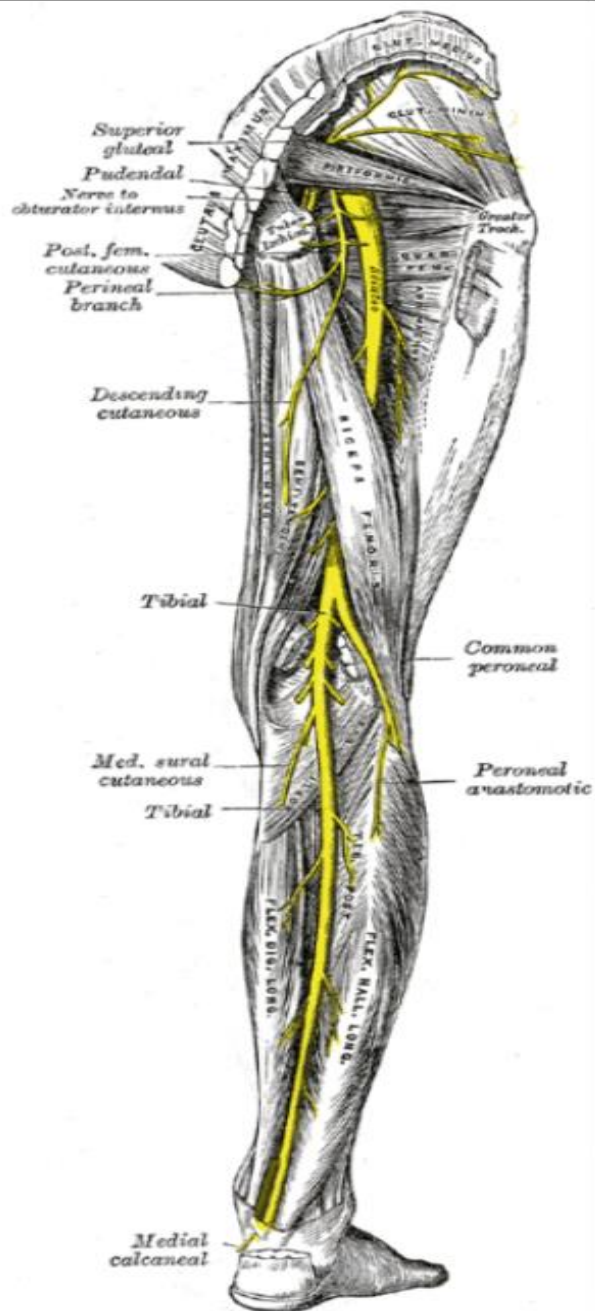
- Sciatic nerve block

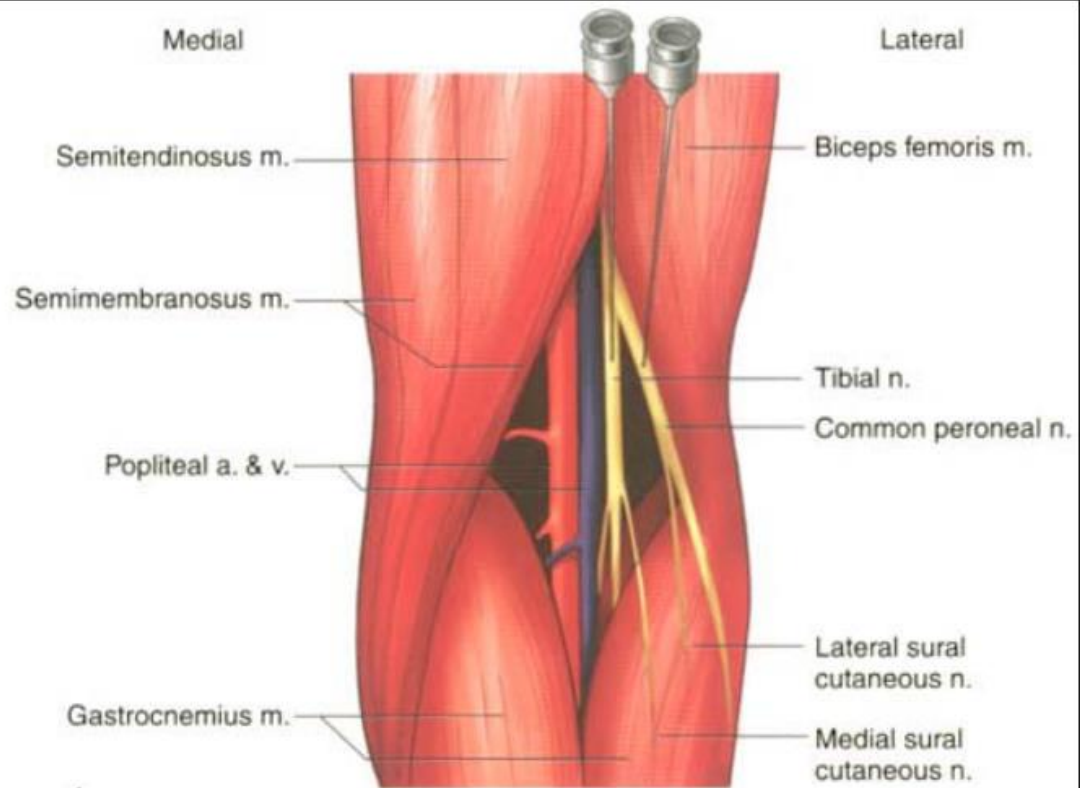


Fig. 62.4 Ultrasound probe position in the popliteal fossa with the patient in the supine position (With permission from Dr. Ki Jinn Chin)

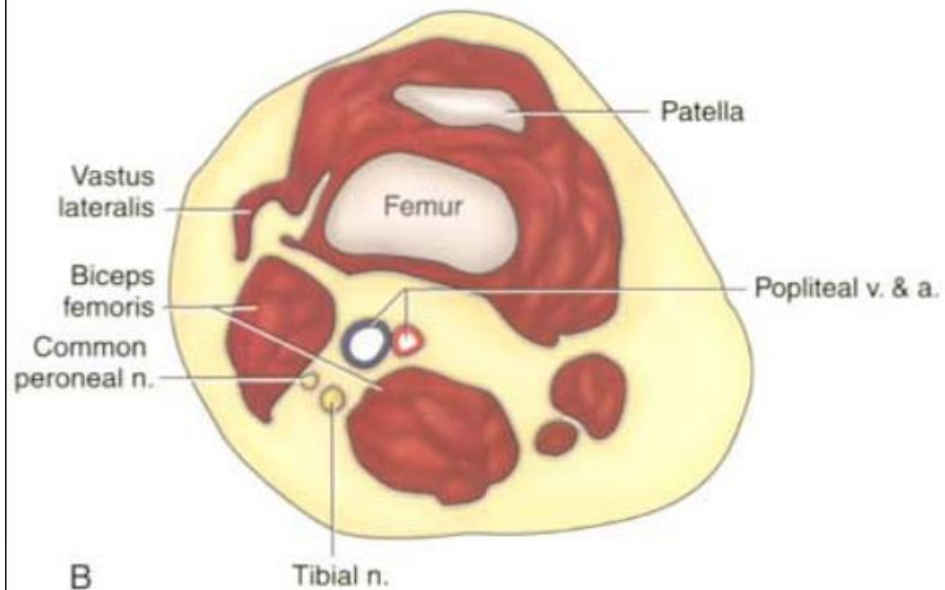


Fig. 62.5 Ultrasound probe position in the popliteal fossa with the patient in the prone position (With permission from Dr. Ki Jinn Chin)





A



B

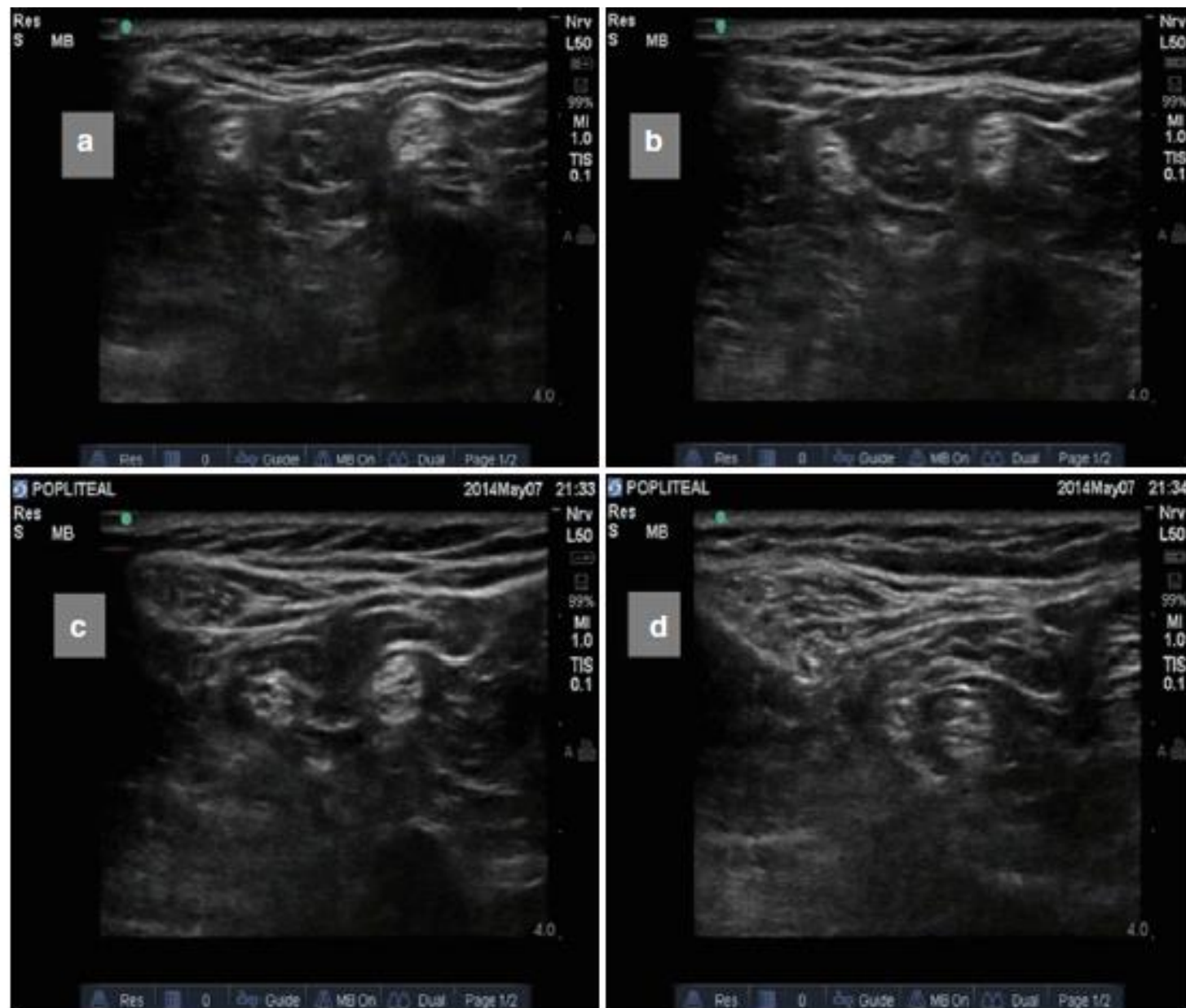
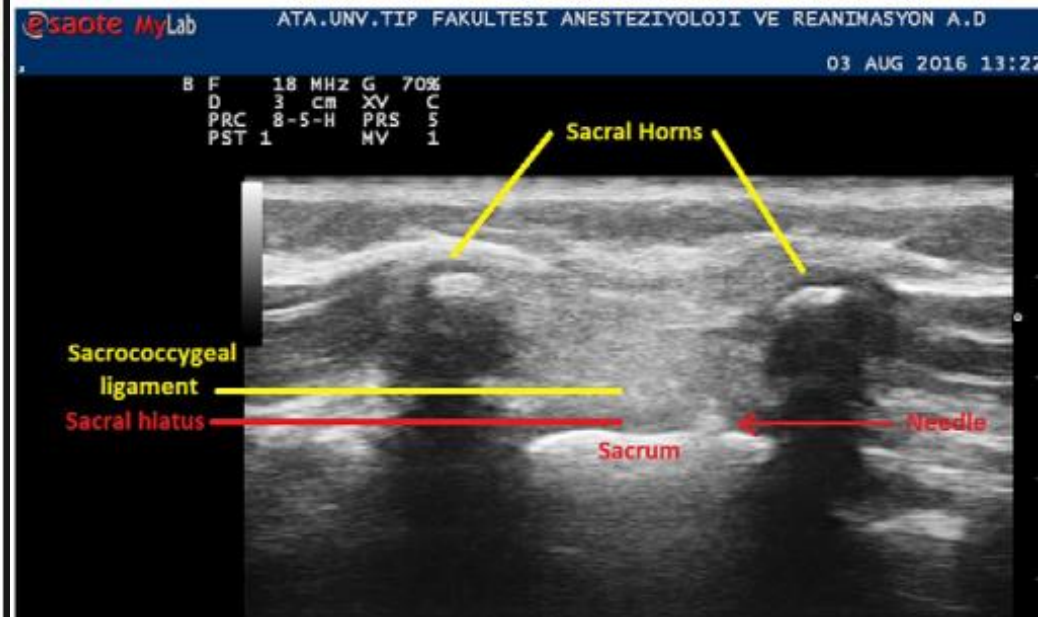
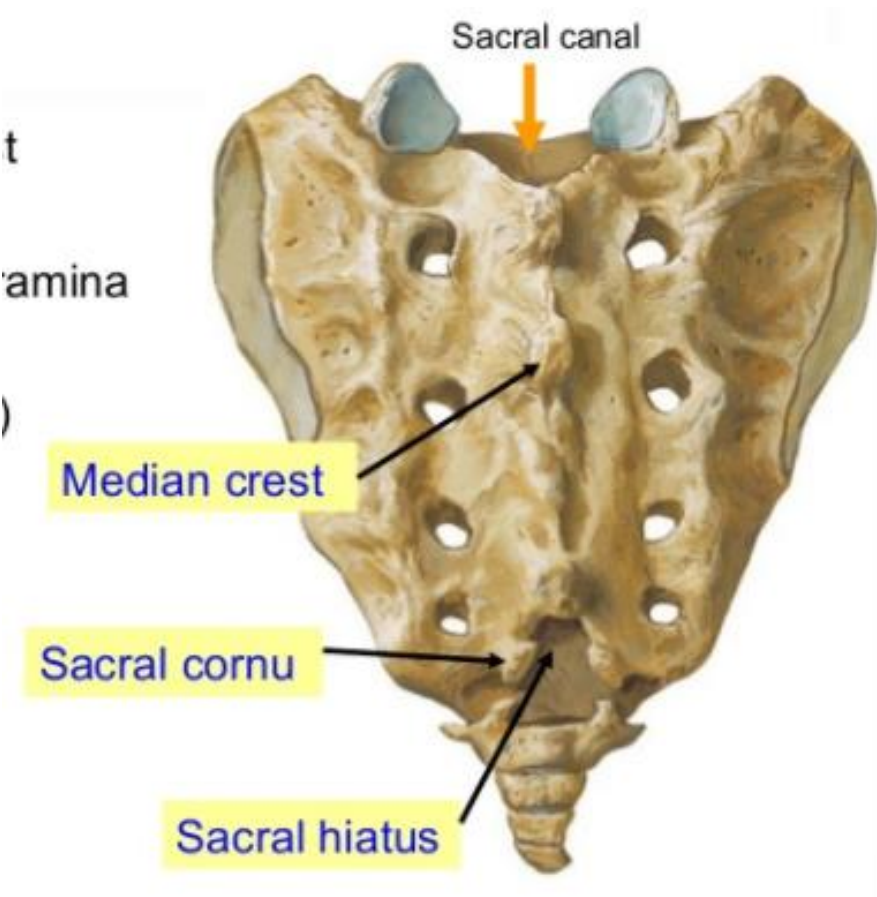
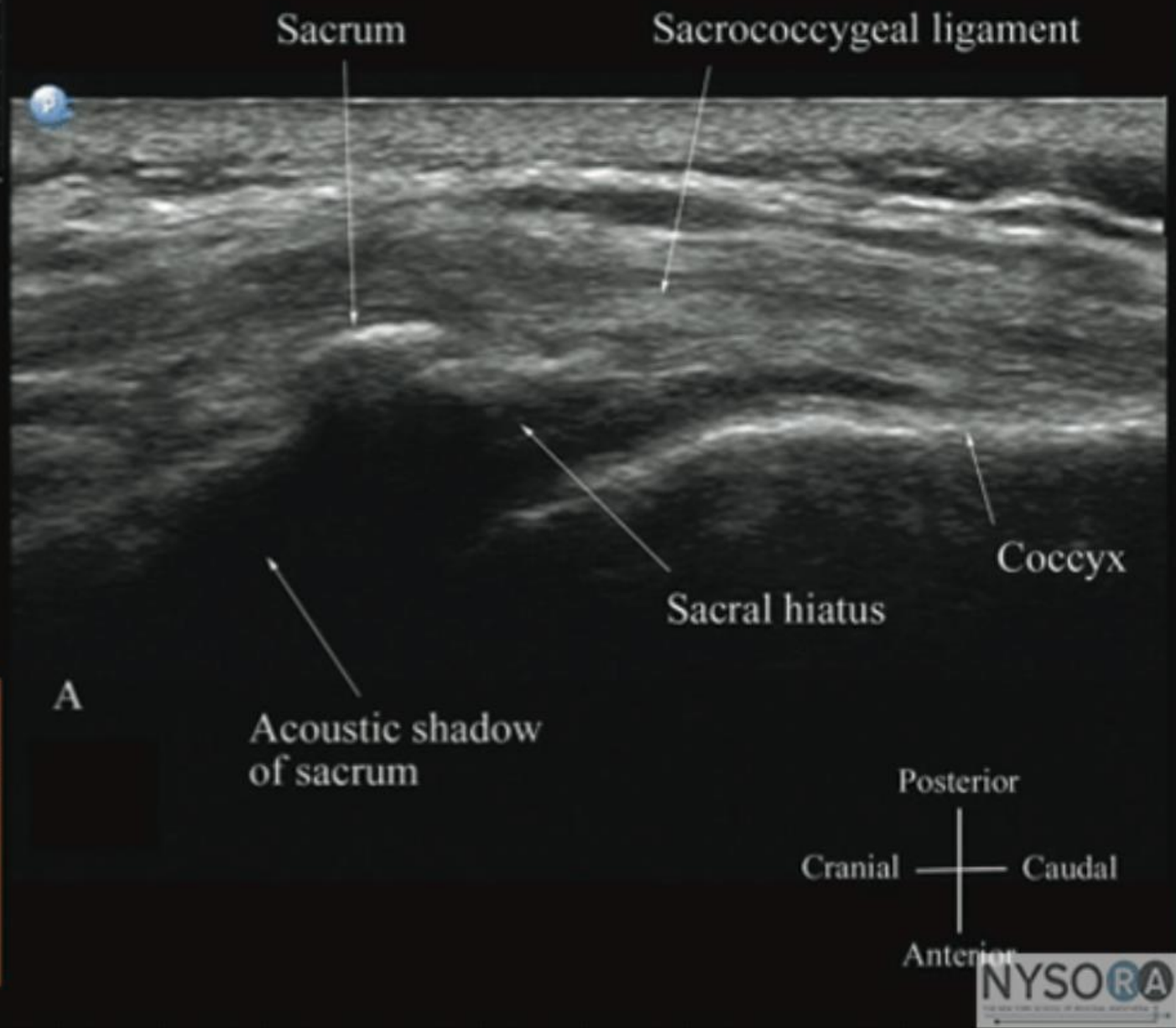
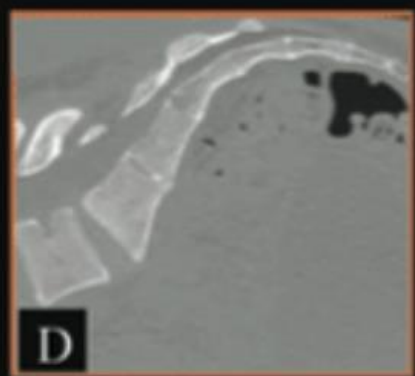
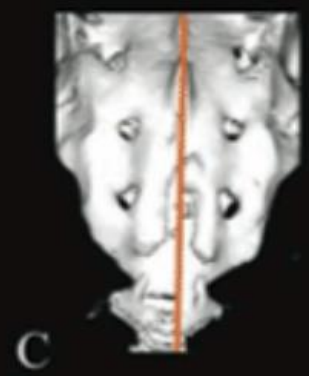
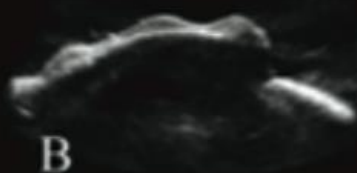


Fig. 62.8 Scanning the sciatic nerve in the popliteal fossa from distal to proximal using the traceback method. The positions of the ultrasound in Figs. **a** to **d** correspond to the positions indicated in the figure on the right side. The tibial nerve (nerve on the *right side*) and common pero-

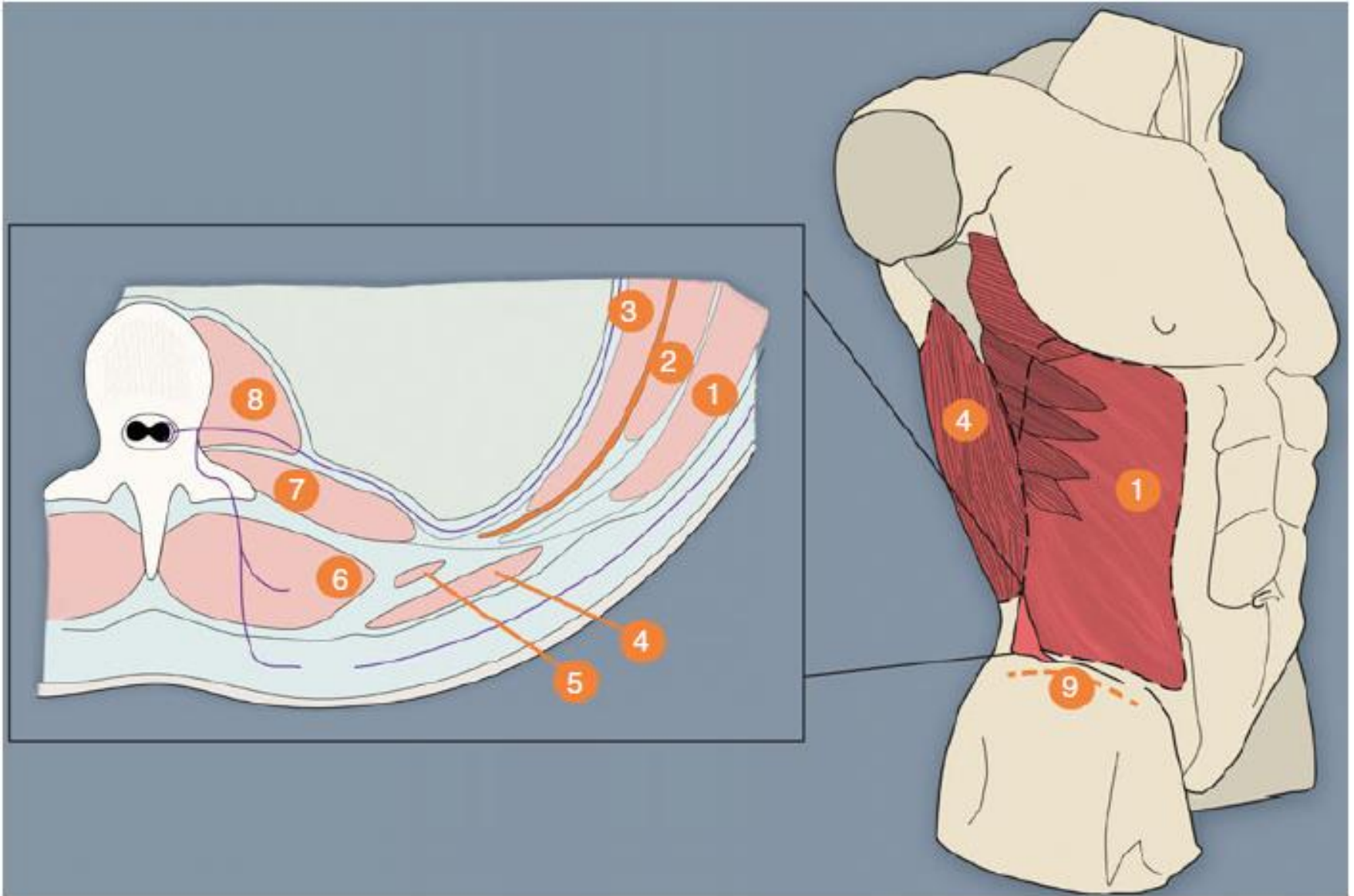
neal nerve (nerve on the *left side*) of the sciatic nerve will be seen to approach each other and join within a common sheath (With permission from Dr. Ki Jinn Chin)

- Caudal nerve block
 - Chronic low back pain, urogenital surgery

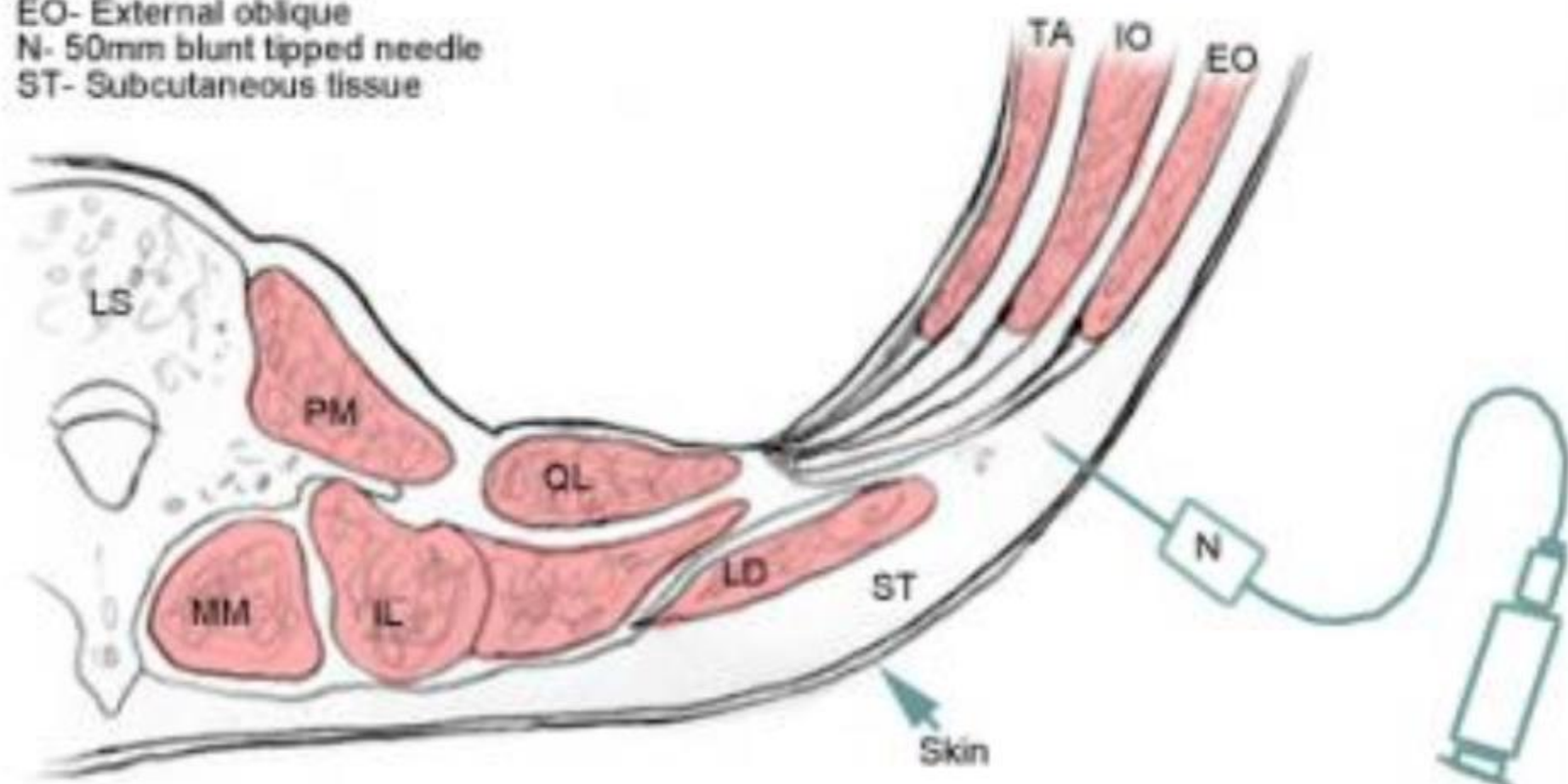


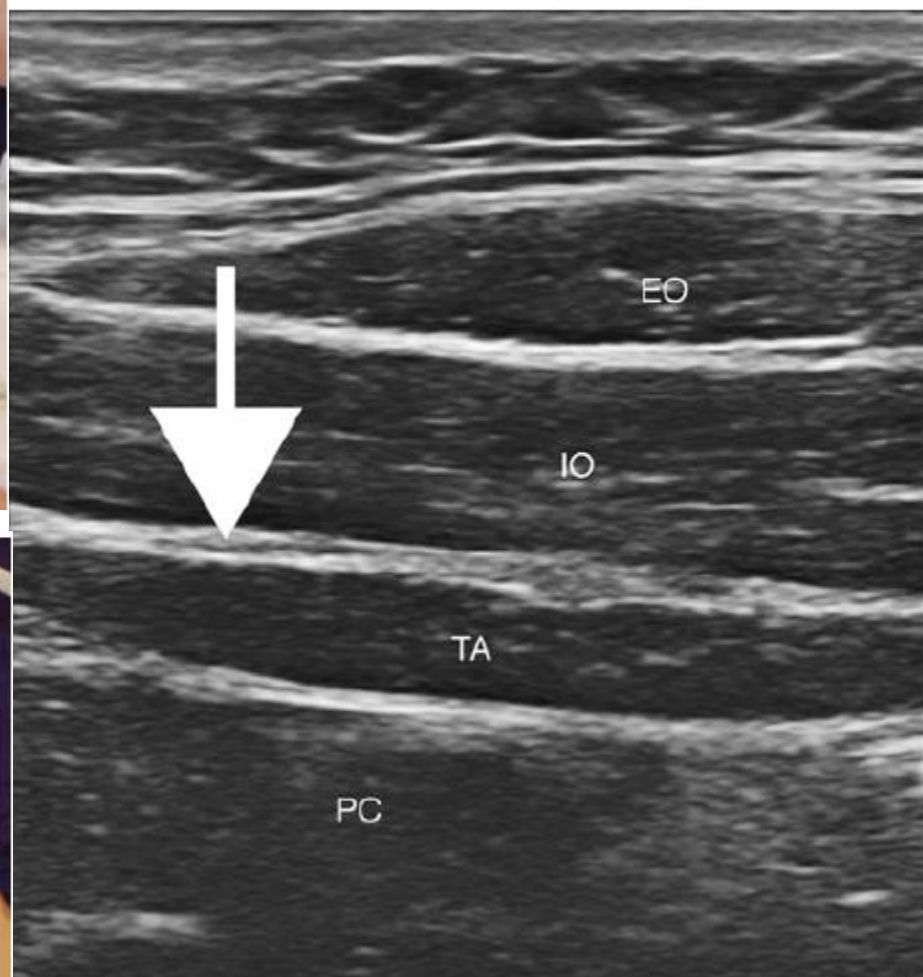
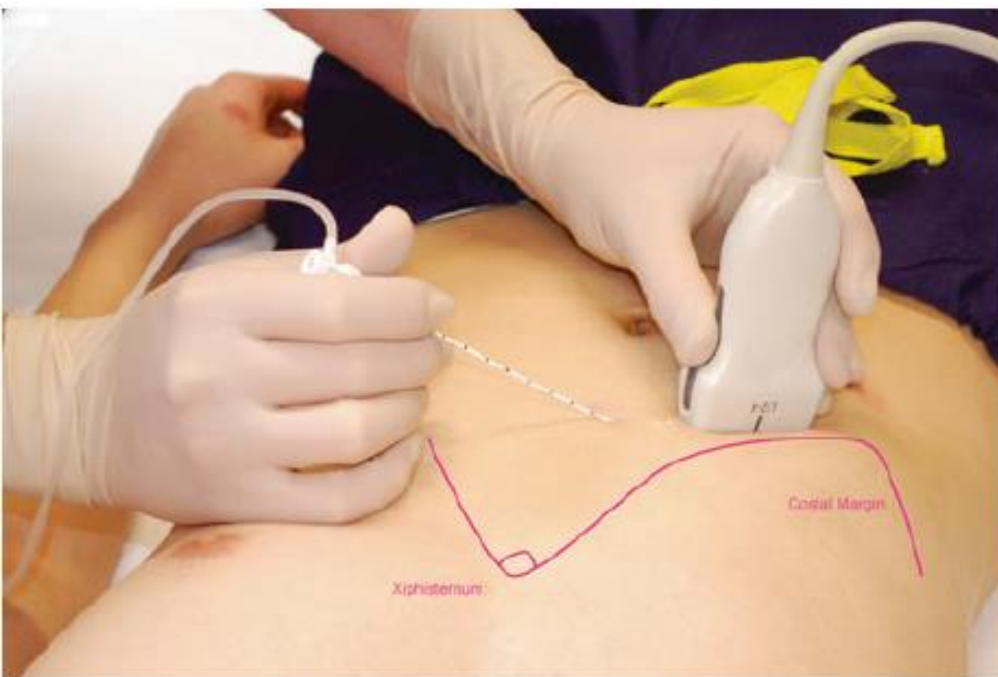
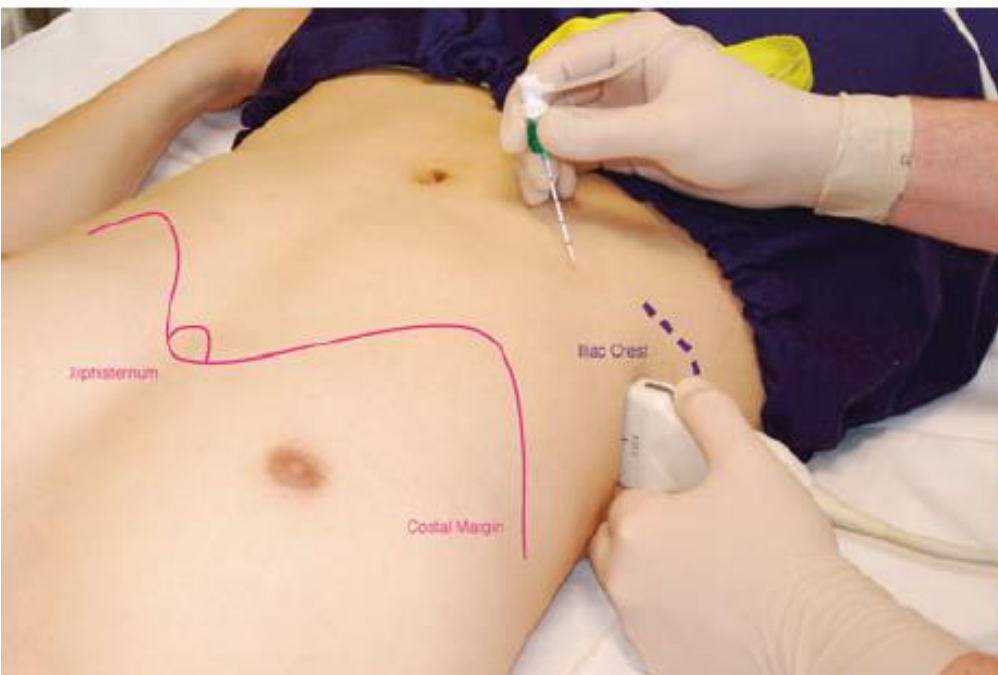


- Transversus abdominis plane block



LS- Lumbar spine
LD- Latissimus dorsi
PM- Psoas major
QL- Quadratus lumborum
MM- Multifidus muscle
IL- Longissimus, iliocostalis
TA- Transversus abdominis
IO- Internal oblique
EO- External oblique
N- 50mm blunt tipped needle
ST- Subcutaneous tissue





- Quadratus lumborum block



Fig. 53.13 Injection technique for quadratus lumborum block. Spine (black line), iliac crest (purple-dotted line)

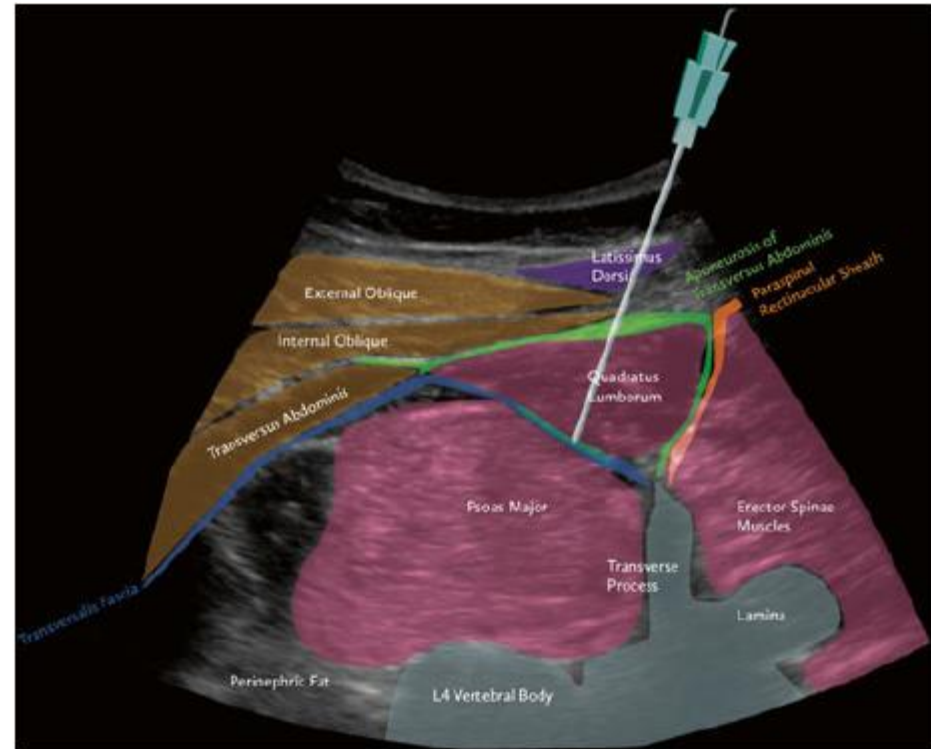
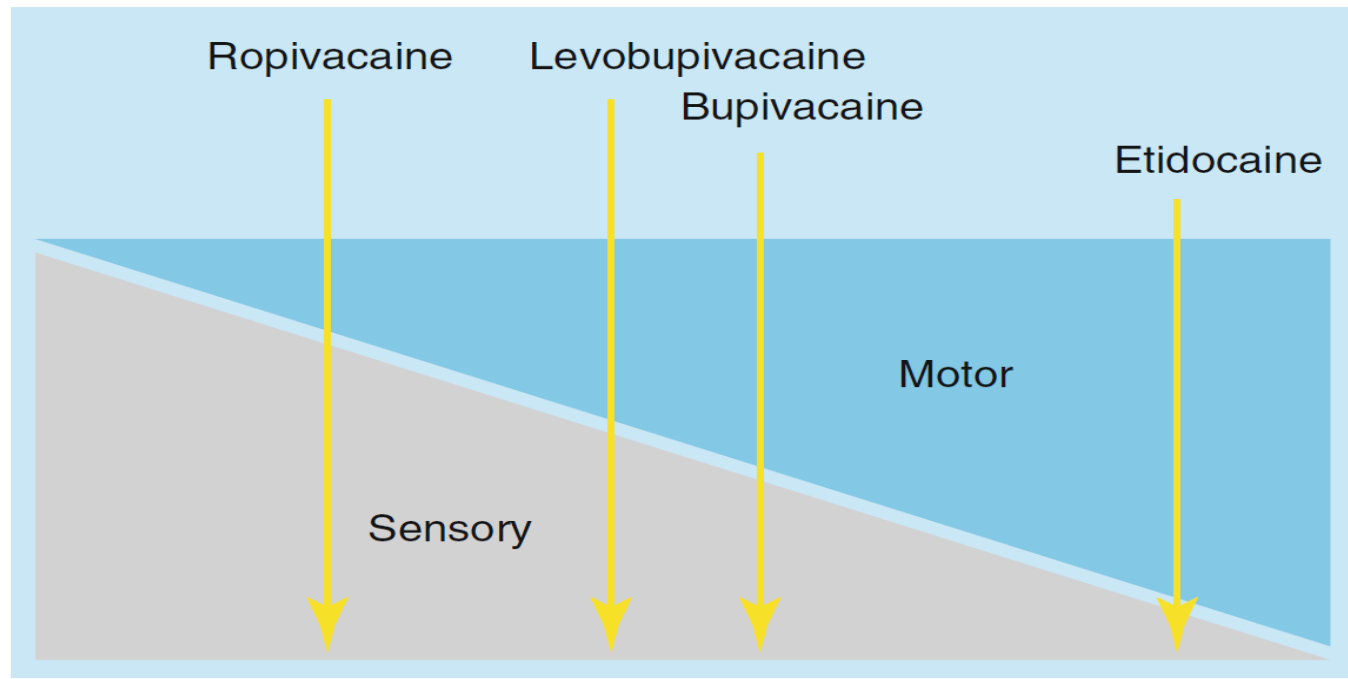


Fig. 53.14 Target site for deposition of local anesthetic under ultrasound guidance for transmuscular approach to quadratus lumborum block. Note the deposition of local anesthetic between quadratus lumborum and psoas major, above the transversalis fascia

Complication of nerve block

- Toxicity
 - Direct neurotoxicity: concentration-dependent
 - Paralysis, cauda equina syndrome

Table 1.5 Relative block profile of long-acting local anesthetics



mild

- Local anesthetics systemic toxicity (LAST)
 - CNS: 舌麻, 耳鳴, 金屬味覺, 焦慮, 顫抖, 嘔吐
語無倫次, 步態不穩, 嗜睡, 痙攣
coma, 呼吸抑制, 癱軟, 失禁, 死亡
 - Cardiovascular: palpitation, tachycardia
arrhythmia, nausea, pallor
bradycardia, BP drop, VT,
asystole

severe

Table 1.7 Symptoms of intoxication due to local anesthetics

Central nervous system	Cardiovascular system
Stimulation phase, mild intoxication	
Tingling of lips, tongue paresthesias, perioral numbness, ringing in the ears, metallic taste, anxiety, restlessness, trembling, muscle twitching, vomiting	Cardiac palpitation, hypertonia, tachycardia, tachypnea, dry mouth
Stimulation phase, moderately severe intoxication	
Excitation phase, moderate toxicity Speech disturbance, dazed state, sleepiness, confusion, tremor, choreoid movements, tonic-clonic cramp, mydriasis, vomiting, polypnea	Tachycardia, arrhythmia, cyanosis and pallor, nausea and vomiting
Paralytic phase, severe toxicity	
Stupor, coma, irregular breathing, respiratory arrest, flaccidity, vomiting with aspiration, sphincter paralysis, death	Severe cyanosis, bradycardia, drop in blood pressure, primary heart failure, ventricular fibrillation, hyposystole, asystole