

Patient information

Paravertebral Blocks

Introduction

A paravertebral block is an injection with local anaesthetic in the upper part of your back next to your spine but NOT into the spine. The single injection is given on the same side as the surgery will be taking place.

The block can be done awake or after the general anaesthetic is started.

The aim is to numb a band around half the body for surgery on the upper body and it is normally a supplement to a general anaesthetic, however, your anaesthetist may decide this block is not required.

Benefits

- The block is given to reduce the dose of strong pain killers required for the procedure and the early post-operative period. Strong pain killers have a tendency to make you drowsy and possibly sick after the surgery.
- Some kinds of surgery also carry the risk of developing chronic pain in the scar tissue and nerve blocks appear to reduce but not eliminate this risk.
- There are now some indications that nerve blocks might reduce the risk of recurrence in cancer surgery although this has yet to be proven.
- If the block works well you can expect 6 -12 hours pain reduction and in the best circumstances you are pain free during this period in time.

Risks and complications

The paravertebral block carries its own risks:

- Failure – this basically means that you will end up having a standard general anaesthetic with an amount of strong pain killer.
- Toxicity from the local anaesthetic is a possibility. This is treatable.
- There is a 1:1000 risk of collapse of your lung on the side of the block. This is treatable and will not prevent your surgery but might necessitate a chest x-ray and possibly a small chest drain to get rid of the air.
- A small risk of the local anaesthetic spreading to the epidural/spinal space and numbing the lower half of your body for 2-4 hours exists. This will not prevent your surgery from going ahead and does not leave any lasting problems.

Surgery

Paravertebral blocks are suited for breast surgery and possibly beneficial in removal of the gall bladder. For both procedures the block will be given in combination with a general anaesthetic.

Your anaesthetist on the day might not do this block or may decide this block is not appropriate for your procedure.

After care/discharge advice

If you experience shortness of breath or chest pains related to your breathing on the side of surgery in the first couple of days after surgery you should contact your own GP or the out of hours GP if it is evening / night to make certain this is not a complication to your block. A chest X-ray might be required.

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the hospital website www.wsh.nhs.uk and click on the link, or visit the disabledgo website:

<http://www.disabledgo.com/organisations/west-suffolk-nhs-foundation-trust/main>