Nerves of the Trunk

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Pecs Blocks

- Depending on the extent of surgery, the regional techniques are chosen.

  - **PEC 1**: LA injection between pectoralis major and minor at the 3rd rib level to block the lateral and medial pectoral nerves. Appropriate for surgery limited to pectoralis major.
  
  - **PEC 2**: A PEC 1 block, in addition to a LA injection between pectoralis minor and serratus anterior at the 3rd rib level. By the latter injection blocks the lateral branches of the T5-8 intercostal nerves, and possibly the anterior branch of the intercostal nerves. By entering the axilla, the long thoracic nerve may also be blocked, which provides analgesia for the shoulder girdle muscles including the suprascapular, subscapularis, and serratus anterior.

- **SA**: A single LA injection between clavichord and serratus anterior at the 3rd rib level in the mid axillary line. This injection blocks the thoracodorsal nerve. Suitable for lateral thoracic flap reconstruction, multiple rib fractures.

- **NIDA** posterior: supraclavicular, arms abducted, head towards the floor, with the patient in either side- or prone- or supine positions to isolate the serratus anterior.
Paravertebral Block
A paravertebral block is essentially a unilateral block of the spinal nerve, including the dorsal and ventral rami, as well as the sympathetic chain ganglion. These blocks can be performed at any vertebral level. However, they are most commonly performed at the thoracic level because of anatomic considerations.
The transverse abdominis plane (TAP) block is a peripheral nerve block designed to anesthetize the nerves supplying the anterior abdominal wall (T6 to L1). It was first described in 2001 by Rafi as a traditional blind landmark technique using the lumbar triangle of Petit.
Erector Spinae Block