Fluoroscopic stellate ganglion block for postmastectomy pain: a comparison of the classic anterior approach and the oblique approach.

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Abstract

OBJECTIVE:
Stellate ganglion block is usually performed with the classic anterior paratracheal approach. The anatomy of the stellate ganglion being in close proximity to various critical structures renders a number of complications, which are potentially associated with its blockade. The aim of this study was to assess the analgesic efficacy and safety of a new approach of the stellate ganglion block using an oblique fluoroscopic view.

METHODS:
Fifty patients with postmastectomy pain syndrome were randomly allocated into 1 of 2 groups: the anterior paratracheal stellate block group and the oblique fluoroscopic stellate block group. Four blocks were performed for each patient using the same approach each time. The results were evaluated in terms of pain intensity as assessed by the visual analog scale score, morphine consumption, and allodynia surface area (in cm). Patient satisfaction score (PSS), skin temperature, side effects, and complications were recorded and compared between the 2 studied groups after each block had been performed.

RESULTS:
The mean visual analog scale score, daily morphine consumption, and areas of allodynia were significantly decreased and the PSS was significantly increased after each block and for up to 3 months after the last block in both the groups. However, there were no statistically significant differences between the 2 groups at the same study period apart from PSS, which was statistically more significant in group oblique at certain times. The incidences of side effects were significantly more in group classic than in group oblique.

CONCLUSIONS:
The oblique fluoroscopic approach of the stellate ganglion block is as effective as the anterior paratracheal approach but is safer and more satisfactory to the patients.