



A guide to...

Erector Spinae Plane Continuous Nerve Block Catheter *Patient information*

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What are nerve blocks?

Nerve blocks are used to reduce pain after surgery. This involves placing a local anaesthetic drug around the nerve to reduce sensitivity and pain, providing more comfort after surgery.

What is an Erector Spinae Plane (ESP) Block?

An ESP block is a regional anaesthesia technique that involves injecting a local anaesthetic into the upper back to target the nerves responsible for pain sensation in the chest. It is administered by an anaesthetist in the operating theatre. The injection blocks pain signals from the nerves supplying the affected chest area, often resulting in numbness. When used alongside other painkillers, the ESP block can provide effective pain relief, particularly for rib fractures.

Why am I having this procedure?

This procedure is performed to relieve pain from rib fractures. It involves injecting a local anaesthetic beneath the erector spinae muscle in your back. Additionally, a thin plastic tube (nerve block catheter) will be inserted to continuously deliver the anaesthetic through a pump, which may limit your mobility.

The catheter remains in place for three to five days, depending on your pain relief needs. Your condition will be regularly monitored by the acute pain team, who will adjust your pain medication as necessary.

Are there any risks?

Nerve blocks are generally very safe. However, like most hospital procedures, there are some risks to be aware of:

- Partial or no effect from the block – other pain relief options are available if this occurs,
- Bruising or bleeding at the injection site,
- Infection at the injection site,
- Damage to nearby blood vessels, nerves, or lung lining (rare),
- Local anaesthetic allergy or toxicity (very rare).

What will happen on the day of the injection?

The nerve block will be performed while you are either sitting on the side of the bed or lying on your side. Our staff will assist you in getting into a comfortable position. Your back will be cleaned, and the skin around the injection site will be numbed with a local anaesthetic.

Your anaesthetist will use an ultrasound machine to identify the correct area before administering the injection. At the same time a small catheter will also be placed to allow for future local anaesthetic top-ups. This catheter is very thin and unlikely to cause irritation. It will be secured with a stitch and an adhesive dressing.

The entire procedure takes about thirty minutes. Most people find it no more painful than having a spinal or an epidural.