Proposal to standardize the nomenclature for paraspinal interfascial plane blocks

To the editor,

The thoracolumbar interfascial plane (TLIP) block was first described by William Hand and his colleagues in 2015.1 Hand’s group named the block, ‘the novel thoraco-lumbar interfascial plane block (analogous to the transversus abdominis plane (TAP) block, but intended for the back) which targets the sensory component of the dorsal rami of the spinal nerves and its branches and have been shown to be beneficial for analgesia for spine surgeries. We believe that given their similarity, they should all be part of one block category and should thus be classified as paraspinal interfascial plane (PIP) blocks. Adopting this term will help categorize new blocks, future research into their safety and utility as well as teaching and clinical applications. We do not include the erector spinae block in the PIP group of blocks as it could target the ventral rami in addition to the dorsal rami, with possible action site being in the paravertebral space.5

We believe that naming the cervical, thoracic and lumbar PIP blocks separately would offer more clarity to the anesthesiology community and spur research, learning and discussion of each technique individually. The TAP, serratus anterior plane and erector spinae plane blocks are all plane blocks with well-established nomenclature. They are all named for the target muscle fascia and the names are therefore easy to understand. By adopting the tradition of naming plane blocks after the target muscle fascia in PIP blocks, we propose a system which is therefore related. These PIP blocks would include:

2. Cervical semispinalis cervicis plane (CCeP) block (instead of ISP).
3. Cervical semispinalis capitis plane (CCaP) block (instead of CIP).
4. Thoracic multifidus plane (TMP) block (instead of TLIP).
5. Thoracic longissimus plane (TLP) block (instead of mTLIP).
7. Lumbar longissimus plane (LLP) block (instead of mTLIP).

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**Figure 1** Anatomy of the paraspinal interfascial plane (PIP) at different spine regions. (A) Cervical region. (B) Thoracic region. (C) Lumbar region. Green line: ventral ramus nerve, dorsal ramus nerve and it’s branches. CCaP, cervical semispinalis capitis plane; CCeP, cervical semispinalis cervicis plane; CMP, cervical multifidus plane; LLP, lumbar longissimus plane; LMP, lumbar multifidus plane; TLP, thoracic longissimus plane; TMP, thoracic multifidus plane.
It is our hope that our proposal resonates with the regional anesthesia community and leads to its adoption. It is our belief that this standardized nomenclature will improve the ability of clinicians to differentiate between the PIP blocks. As the number of performed PIP blocks is already substantial and promises to grow, we anticipate that the new nomenclature will facilitate learning how to perform the blocks and will focus research. For example, we have been exploring the LMP/TLIP’s effects on neuromonitoring and believe a standard nomenclature would have been helpful. Ultimately, much information is needed to further define PIP blocks’ individual indications and efficacy.

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Acknowledgements The authors thank Mr Alexander Magill for the permission of publishing his digital drawing.

Contributors JLX helped to conceive, design, write and edit the manuscript primarily. VT helped to write and edit the manuscript.

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests None declared.

Patient consent for publication Not required.

Provenance and peer review Not commissioned; internally peer reviewed.

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Received 13 May 2019
Accepted 22 May 2019
Published Online First 19 June 2019
doi:10.1136/rapm-2019-100696

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