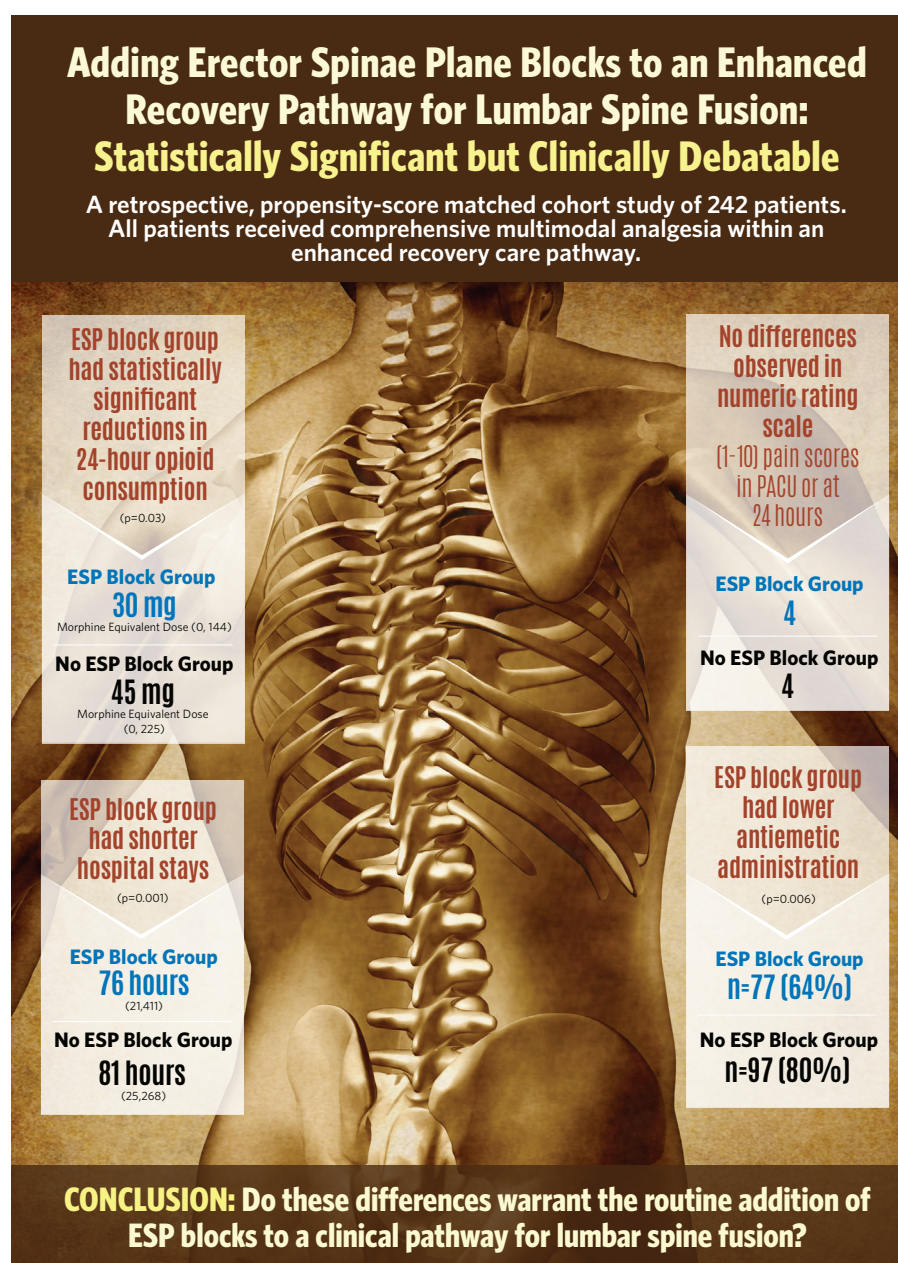


# Impact of ultrasound-guided erector spinae plane block on outcomes after lumbar spinal fusion: a retrospective propensity score-matched study of 242 patients—an infographic

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Erector spinae plane (ESP) blocks have been described as useful for multiple types of operations in recent years. Soffin *et al* explore the value of bilateral ultrasound-guided ESP blocks on pain and opioid-related outcomes when they are utilized in combination with a standardized multimodal analgesia care pathway for lumbar fusion.<sup>1</sup> The authors used a retrospective propensity score-matched cohort study design to compare patients who did or did not receive ESP blocks. After matching, 242 patients were matched and compared. They did discover a significantly lower 24-hour opioid consumption in the ESP group (30 mg (0.144) vs 45 mg (0.225)). They did not note a significant difference in pain scores in the Post Anesthesia Care Unit (PACU) or on the floor. Length of stay was noted to be about 5 hours shorter in the block group, and fewer patients in the block group required postoperative antiemetics. However, the authors question whether the small reduction in morphine equivalent dose of opioids, the small change in length of stay and the small reduction in postoperative antiemetic use is clinically relevant enough to justify the added effort and risk of erector spinae blocks for lumbar spine surgery when a standard care pathway is employed.



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### REFERENCE

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