SUPERFICIAL CERVICAL NERVE BLOCK FOR CAROTID ENDARTERECTOMY: CLINICAL CASE AND DISCUSION OF PROS AND CONS

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DOI: https://doi.org/10.52340/9789941519109.09

Keywords: superficial cervical block, regional anesthesia, carotid endarterectomy, high-risk patient, phrenic nerve, ultrasound

The superficial cervical plexus block is a safe and effective regional anesthesia method, particularly advantageous for high-risk patients undergoing neck surgery. It offers a viable alternative to general anesthesia, bypassing risks such as cardiac stress, respiratory complications, and postoperative nausea. The use of ultrasound guidance is a key advantage, significantly enhancing safety and efficacy by allowing precise anesthetic placement. This precision is crucial for mitigating the primary risk of unintended phrenic nerve block, which can cause diaphragmatic paresis and respiratory failure in vulnerable patients.[1] A meticulous, superficial technique is required to prevent deep anesthetic spread. This approach was successfully applied in a 75-year-old male presenting for carotid endarterectomy with multiple comorbidities including Ischemic Heart Disease (IHD), Ischemic Dilated Cardiomyopathy (EF-26%), Moderate Chronic Obstructive Pulmonary Disease (COPD) and Diabetic Nephropathy. Given his high-risk profile, a superficial cervical block with mild sedation was performed, enabling continuous neurological monitoring and a successful, well-tolerated procedure. This case highlights the block's value as a strategic choice for anesthesia in medically complex populations

References:

Hadzic, A. (2022). Superficial Cervical Plexus Block. In Hadzic's Textbook of Regional Anesthesia and Acute Pain Management (2nd ed.). McGraw-Hill Education.[1]