

# In Response to “Preoperative Fluoroscopically Guided Regional Erector Spinae Plane Blocks Reduce Opioid Use, Increase Mobilization, and Reduce Length of Stay Following Lumbar Spine Fusion” by Owen et al

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## Keywords


fusion, fixation, erector spinae plane block, fluoroscopy, analgesia

We read with interest the recently published article “Preoperative Fluoroscopically Guided Regional Erector Spinae Plane Blocks Reduce Opioid Use, Increase Mobilization, and Reduce Length of Stay Following Lumbar Spine Fusion” by Owen et al.<sup>1</sup> At the outset we must congratulate the authors for their excellent work regarding use of erector spinae plane block (ESPB) for spine fusion surgery.<sup>1</sup> ESPB as discussed by the authors have shown effective pain relief and reduction in opioid usage in cases of spinal fusion and helps in early mobilization. ESPB is primarily an ultrasound guided technique and was described by Forero et al,<sup>2</sup> for neuropathic pain in the ribs and later on, it has been used for various other indication from cranium to sacrum.<sup>3,4</sup>

We were happy to note that authors have used an innovative approach of fluoroscopic guidance to give ESPB.<sup>1</sup> However, their assumption that, it is the first time ever in the published literature, fluoroscopic guidance has been used to give ESPB, is not correct. We have used and published the fluoroscopic guided technique of ESPB to manage the cases of fractured rib.<sup>5</sup> We have described the use of single injection technique as well as the catheter technique to give continuous analgesia and concluded that, it is feasible to give ESPB safely and effectively under fluoroscopic guidance.<sup>5</sup>

We do agree with the authors conclusion that, ESPB has a great potential for its use however; underutilized.<sup>1</sup>

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