Material and Methods

Both patients gave consent to have their cases written up. Both cases are devoid of patient identifiable information, and are thus exempt from IRB review requirements per Hartford Healthcare policy.

In Case 1, we performed the EOI block by placing the ultrasound (US) probe in a sagittal orientation between the anterior axillary line and mid clavicular line at the level of the 6th rib (See Figure 1). A needle was advanced cephalad to caudal, in-plane, deep to the external oblique muscle overlying the sixth rib (see Figure 2). External anesthesia was deposited in the plane between the external oblique muscle and intercostal muscle, and the needle was directed caudad toward the seventh rib. A nerve catheter was then threaded into the space and secured. She received an initial injection of 40 ml 0.25% ropivacaine with 1:400k epinephrine, and was started on an infusion of 0.2% ropivacaine at 4 ml/hr. We administered a 20 ml bolus dose of 0.2% ropivacaine on post-op day (POD) 1; the nerve block catheter was removed and the patient was subsequently discharged on POD 1.

In Case 2, the patient received an initial injection of 30 ml 0.25% ropivacaine with epinephrine (1:400K), and was started on an infusion of 0.2% ropivacaine at 8 ml/hr. We administered a 20 ml bolus dose of 0.2% ropivacaine on POD 1-4, and the patient was subsequently discharged on POD 4.

Results/Case Reports

Case 1:
A 57-year-old woman underwent an exploratory laparotomy and liver resection via a right subcostal incision. A right-sided EOI block was performed pre-emergence.
This patient received a total of 2mg hydromorphone IV immediately postoperatively in the recovery room.
Her multimodal analgesic regimen consisted of acetaminophen 975 mg PO every six hours; she required no narcotics after the immediate postoperative period.

Case 2:
A 60-year-old woman underwent an open repair of a left renal artery aneurysm via a left subcostal incision. A left-sided EOI block was performed pre-emergence, and a continuous nerve catheter was secured in place.

This patient was started on a multimodal analgesic regimen consisting of acetaminophen 975 mg PO every six hours, ibuprofen 800 mg PO every eight hours, ketorolac 7.5 mg IV every six hours, gabapentin 200 mg three times daily, oxycodone immediate release 10 mg PO every three hours as needed for severe pain - for which she required three doses, and oxycodone immediate release 5 mg PO every three hours as needed for moderate pain - for which she required 14 doses over the course of post-op days 0-4.

References