



Regional Analgesia.

Level of Evidence	Moderate
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Consensus Statement

Chest wall regional analgesia can be an effective component of a multimodal approach to perioperative pain management.

Main Points

- Regional techniques such as chest wall and paraspinal blocks can complement multimodal analgesia after cardiac surgery.
- Evidence suggests reductions in pain scores and opioid requirements compared with systemic analgesia alone.
- Neuraxial options may offer benefit but require careful consideration of bleeding risk, particularly in anticoagulated cardiac surgical patients.

Key References

1. Guay J, Kopp S. Epidural analgesia for adults undergoing cardiac surgery with or without cardiopulmonary bypass. *Cochrane Database Syst Rev*. 2019;3:CD006715.
2. Hemmerling TM, Cyr S, Terrasini N. Epidural catheterization in cardiac surgery: the 2012 risk assessment. *Ann Card Anaesth*. 2013;16:169-177.
3. Horlocker TT, Vandermeulen E, Kopp SL, Gogarten W, Leffert LR, Benzon HT. Regional anesthesia in the patient receiving antithrombotic or thrombolytic therapy: American Society of Regional Anesthesia and Pain Medicine Evidence-Based Guidelines (Fourth Edition). *Reg Anesth Pain Med*. 2018;43:263-309.
4. Richardson L, Dunning J, Hunter S. Is intrathecal morphine of benefit to patients undergoing cardiac surgery. *Interact Cardiovasc Thorac Surg*. 2009;8:117-122.

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