LETTER

Enhancing Surgical Pain Management Through Innovative Nerve Block Techniques [Letter]

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Dear editor

We read with great interest the narrative review by Niyonkuru et al on "Nerve Blocks for Post-Surgical Pain Management"¹ The authors provide a comprehensive overview of the potential benefits of nerve blocks in mitigating postoperative pain, highlighting their opioid-sparing effects and improved patient outcomes. As general surgeons, we would like to offer some additional insights and propose innovative techniques from a surgical perspective that could further enhance the application of nerve blocks in pain management.

Firstly, the review underscores the significant role of ultrasound-guided nerve blocks in providing targeted analgesia. In our experience, the integration of real-time ultrasound imaging not only enhances the accuracy of block placement but also minimizes the risk of complications such as nerve damage and local anesthetic toxicity. We would recommend the wider adoption of high-frequency linear array probes for visualizing superficial nerves and surrounding structures, as demonstrated in a preliminary exploration by Wang et al² which suggests that preoperative ultrasound localization using these probes is a promising technique for improving the precision and efficiency of nerve protection during surgery. This technological advancement can significantly improve the safety and efficacy of nerve blocks, particularly in complex surgical procedures.

Secondly, the review mentions the use of adjuncts to prolong the duration of local anesthetic action. In our practice, we have found that the combination of dexamethasone with local anesthetics, such as bupivacaine or ropivacaine, can significantly extend the duration of analgesia. Dexamethasone reduces inflammation and stabilizes nerve membranes, thereby enhancing the effectiveness of nerve blocks.³ Additionally, the use of liposomal bupivacaine, which offers a sustained-release formulation, has shown promising results in prolonging postoperative analgesia and reducing opioid consumption.

Moreover, we would like to emphasize the importance of a multidisciplinary approach to pain management.⁴ In this collaborative framework, surgeons, anesthesiologists, pain specialists, nurses, physical therapists, and even practitioners of complementary and alternative medicine (CAM)⁵ work together to develop individualized pain management plans tailored to each patient's unique needs.⁶ This team-based approach ensures that all aspects of pain control, from preoperative education to postoperative rehabilitation, are addressed comprehensively.

Finally, we would like to highlight the need for further research to optimize nerve block protocols for different surgical procedures and patient populations. Factors such as patient age, comorbidities, and surgical complexity can significantly impact the efficacy of nerve blocks. Therefore, conducting large-scale, randomized controlled trials to evaluate the effectiveness of various nerve block techniques in specific surgical contexts is crucial.

In conclusion, nerve blocks represent a powerful tool in the armamentarium of postoperative pain management. By integrating advanced imaging technologies, utilizing adjuncts to prolong local anesthetic action, and adopting a multidisciplinary approach, we as surgeons can further enhance the benefits of these techniques. Continuous innovation and research are essential to refine nerve block protocols and ensure optimal pain control for all surgical patients.

Disclosure

The authors report no conflicts of interest in this communication.

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References

- 1. Niyonkuru E, Iqbal MA, Zeng R, Zhang X, Ma P. Nerve blocks for post-surgical pain management: a narrative review of current research. *J Pain Res.* 2024;17:3217–3239. PMID: 39376469; PMCID: PMC11456737. doi:10.2147/JPR.S476563
- Wang Y, Huang J, Li J, et al. Case report and preliminary exploration: protection of supraclavicular nerve branches during internal fixation of clavicular fractures through preoperative ultrasound localization. *Front Surg.* 2022;9:898664. PMID: 36034369; PMCID: PMC9407241. doi:10.3389/fsurg.2022.898664
- Yang ZS, Lai HC, Jhou HJ, Chan WH, Chen PH. Rebound pain prevention after peripheral nerve block: a network meta-analysis comparing intravenous, perineural dexamethasone, and control. J Clin Anesth. 2024;99:111657. Epub 2024 Oct 24. PMID: 39454286. doi:10.1016/j. jclinane.2024.111657
- 4. Staudt MD. The multidisciplinary team in pain management. *Neurosurg Clin N Am.* 2022;33(3):241–249. Epub 2022 May 25. PMID: 35718393. doi:10.1016/j.nec.2022.02.002
- 5. Zhang J, Zhai X, Wang X et al. The Effect of Thunder-Fire Moxibustion on Lumbar Disc Herniation: Study Protocol for a Randomized Controlled Trial. *Front. Public Health*.2022;10:930830. doi: 10.3389/fpubh.2022.930830
- Liu X, Pan F, Wang Q, Wang S, Zhang J. Traditional Chinese Rehabilitation Exercise (TCRE) for myofascial pain: current evidence and further challenges. J Pain Res. 2024;17:2801–2810. PMID: 39220224; PMCID: PMC11366241. doi:10.2147/JPR.S482424

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