Asymptomatic, non-sustained Ventricular Tachycardia after Ultrasound Guided Peripheral Nerve Block

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As we move to improve post-operative control and concurrently decrease opioid use, peripheral nerve blocks have become a frequently used modality in the treatment of postoperative pain. One of the more concerning complications of these procedures is local anesthesia systemic toxicity (LAST). Although the incidence is low and the introduction of intralipid has helped to limit morbidity, it still requires early recognition for best outcomes. Historically, CNS symptoms have been described to precede cardiovascular symptoms. However, in many reported cases of LAST, the patient’s initial symptoms were cardiovascular in nature. The ASA recommends that “Every patient receiving anesthesia (general, regional, or MAC) shall have the electrocardiogram continuously displayed from the beginning of anesthesia until preparing to leave the anesthetizing location.” However, some institutions do not routinely use EKG monitoring during block placement. We present a case in which an elderly female developed frequent 12-16 beat runs of non-sustained ventricular tachycardia, 20 minutes after an ultrasound-guided peripheral nerve block with 0.5% bupivacaine containing epinephrine for an elective orthopedic procedure that was recognized because the patient was being continuously monitored by EKG.