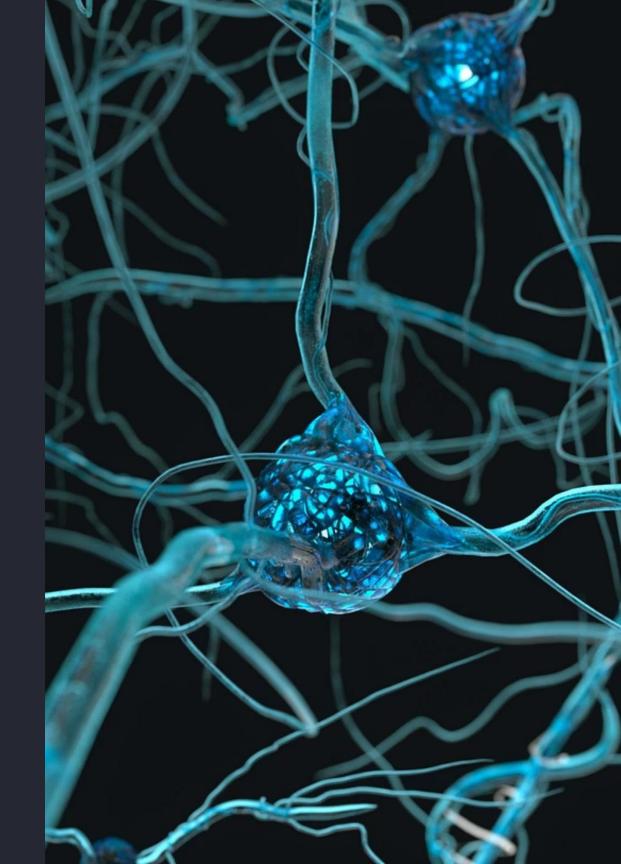
Intercostal Nerve Blocks

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Disclosures

Funded Research

- SPR Therapeutics
- Averitas Pharma

Society Leadership

- Legislative Committee Member, Texas Pain Society
- Alternate Delegate, Texas Society of Anesthesiology

Education Grants

- Medtronic
- Boston Scientific
- Abbott

Employment

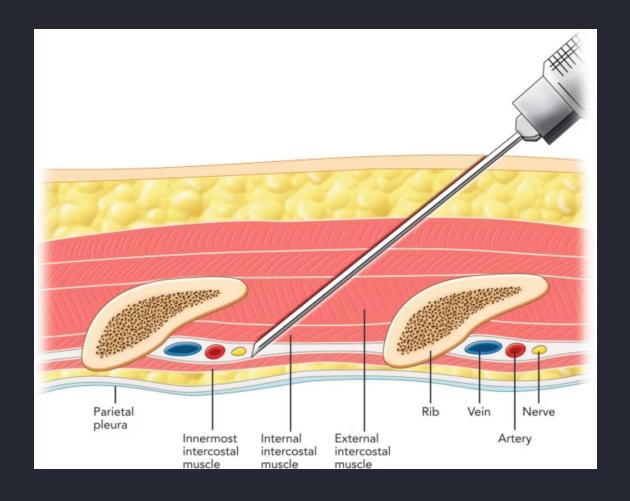
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Objectives

- Understand anatomy of intercostal nerves
- Indications for intercostal nerve blocks
- Techniques and approaches
- Risks and complications
- Clinical applications

Anatomy

- Intercostal nerves: Ventral rami of thoracic spinal nerves (T1–T11)
- Run along inferior border of each rib (neurovascular bundle: vein, artery, nerve 'VAN')
- Provide motor supply to intercostal muscles and sensory innervation to thoracic/abdominal wall



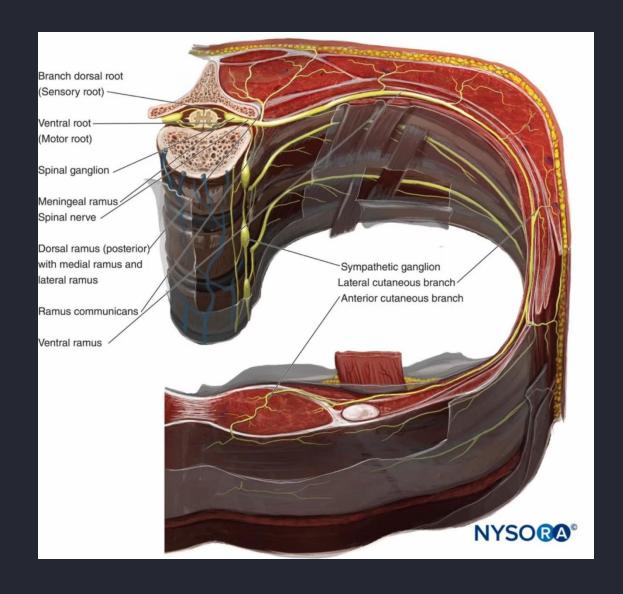
Indications

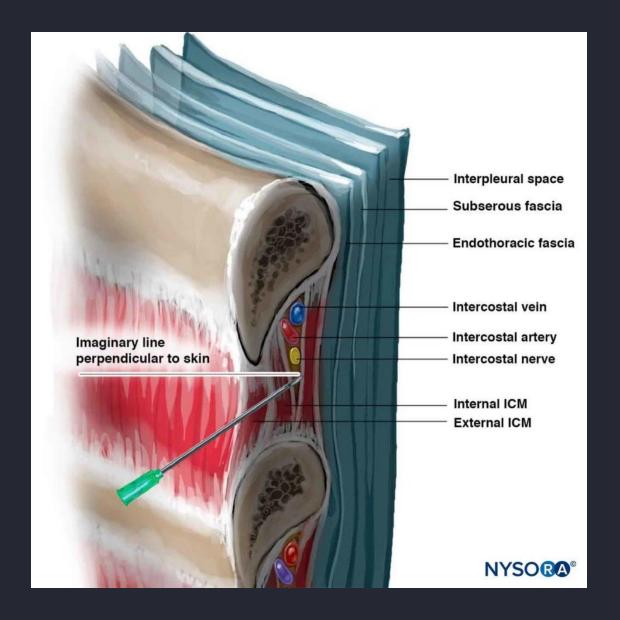
- Rib fracture Pain
- Post-thoracotomy pain
- Upper abdominal surgeries
- Breast surgery
- Post-herpetic neuralgia
- Chronic abdominal wall pain

Contraindications

- Patient refusal
- Infection at injection site
- Allergy to local anesthetic
- Coagulopathy (relative contraindication)

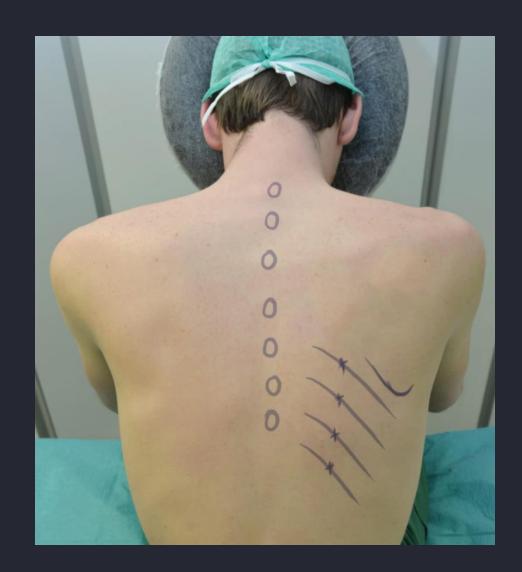
Rib Anatomy and Innervation

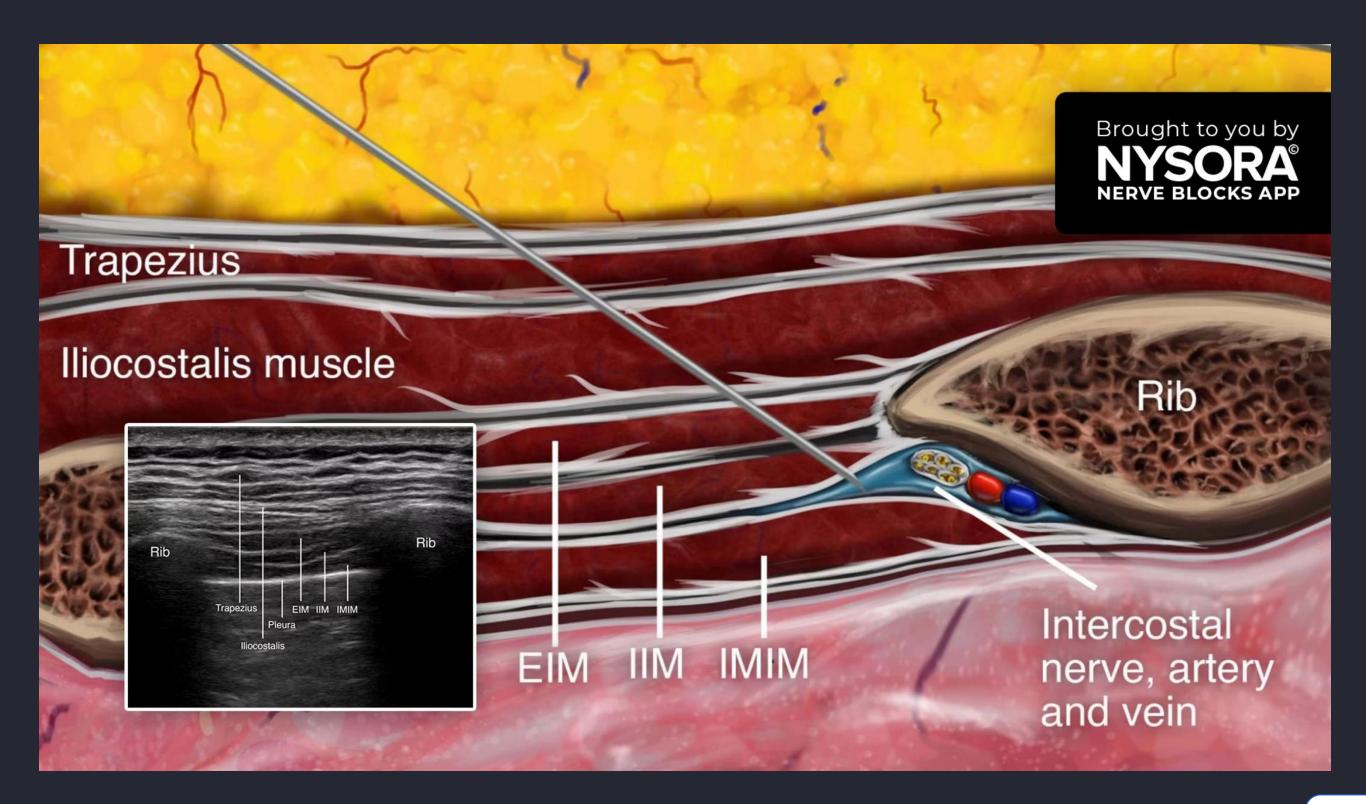




Technique

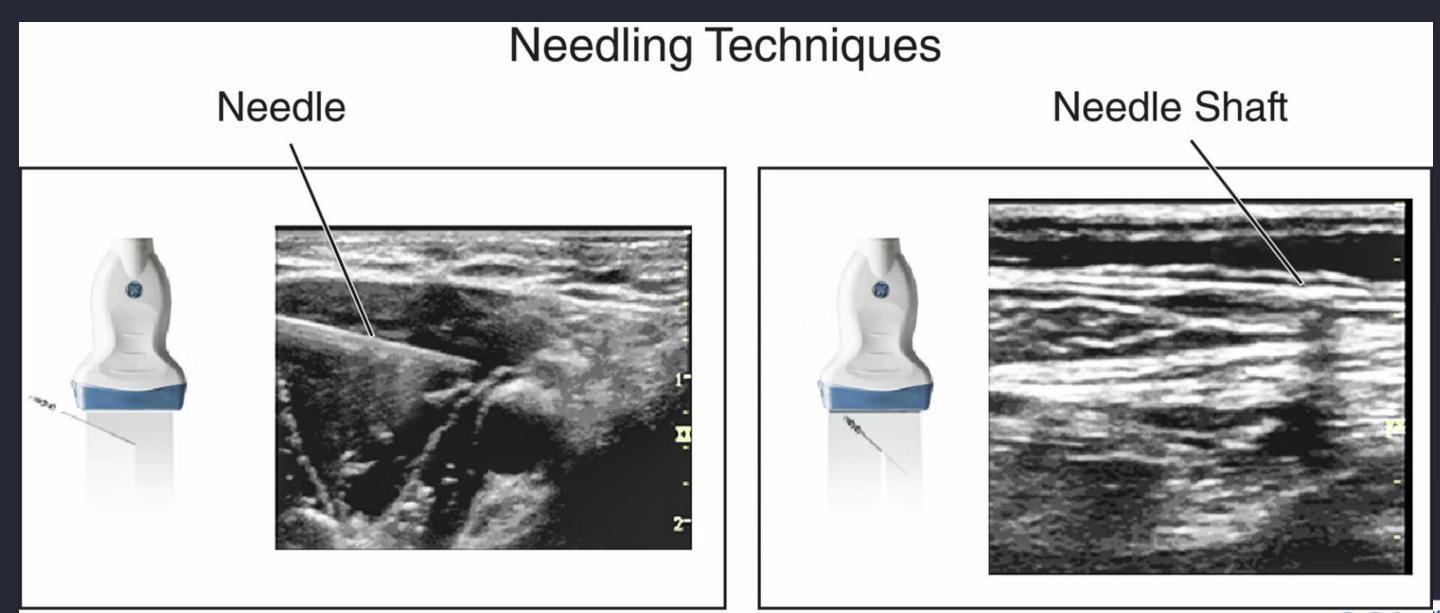
- Patient positioning: sitting, lateral, or prone
- Identify rib at target level
- Target identified 6-8 cm off midline
- Insert needle just inferior to rib, advance until rib contacted
- Walk needle off inferior border, advance slightly
- Aspirate (avoid intravascular injection)
- Inject local anesthetic (3–5 mL per level)





Ultrasound Guidance

- High-frequency linear probe
- Identify rib, pleura, and neurovascular bundle
- Safer and more accurate than landmark-only technique



NYSORA

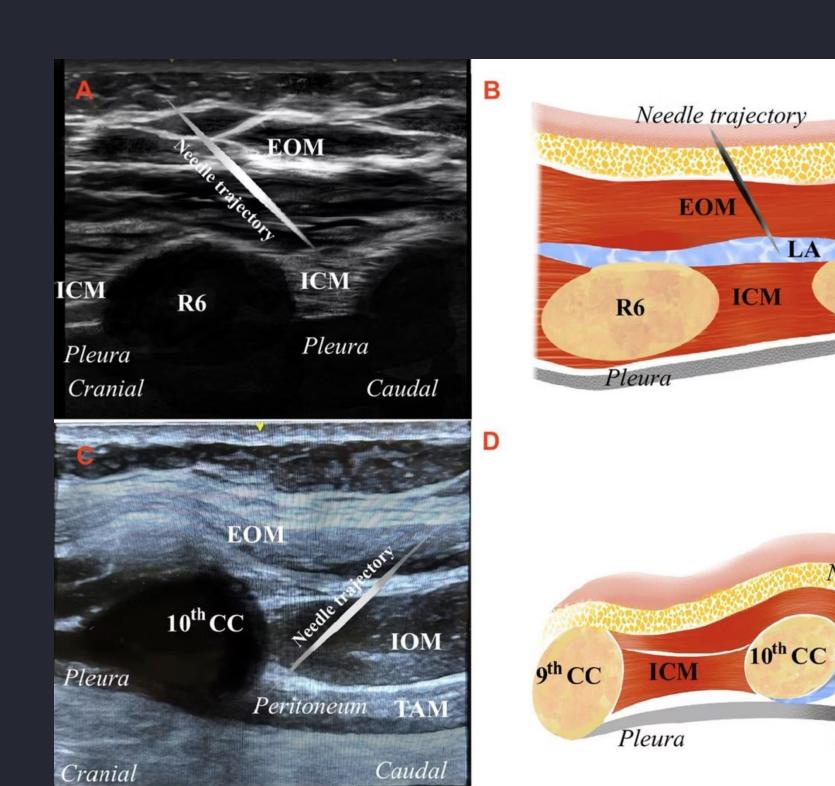
IIUIH

In-Plane Technique

- Advance through:
 - Skin/subcutaneous tissue
 - External intercostal
 - Internal intercostal → Stop just superficial to the **pleura**, between internal and innermost muscles.
- Needle tip in view at all times
- Slowly inject 3–5 mL of local anesthetic per level, observing spread along the neurovascular bundle.

Out-of-Plane Technique

- Advance through:
 - Skin/subcutaneous tissue
 - External intercostal
 - Internal intercostal → Stop just superficial to the **pleura**, between internal and innermost muscles.
- Needle tip only visualized closer to target site
- Hydro-dissection aids needle localization
- Slowly inject 3–5 mL of local anesthetic per level, observing spread along the neurovascular bundle.



LA

R7

Needle trajectory

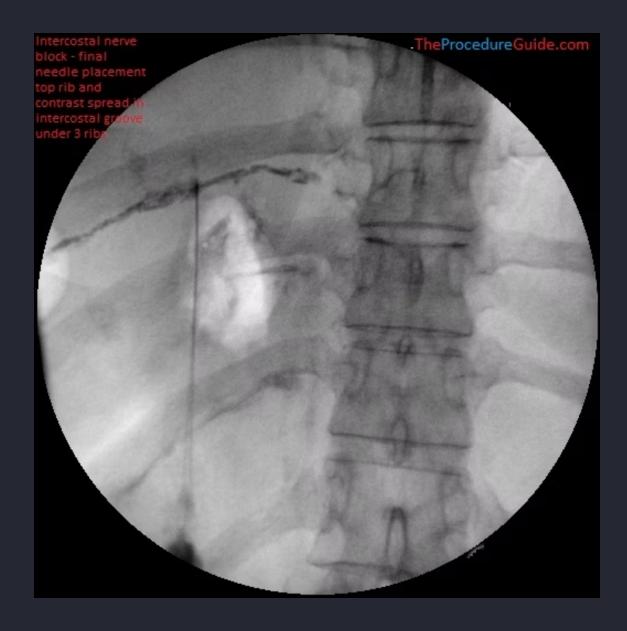
Peritoneum

EOM

IOM

TAM

Fluoroscopic Techniques



Radiofrequency Ablation





Complications

- Pneumothorax
- Local anesthetic systemic toxicity (LAST)
- Abdominal viscera trauma (lower levels)
- Infection
- Bleeding /Hematoma
- Increased Pain

Clinical Pearls

- Multiple levels often required centered around site
- Use of imaging decreases complications
- Anticoagulation risks are risk/benefit
- Limit total anesthetic dose to avoid toxicity

Summary

- Intercostal nerve blocks are effective for thoracic and upper abdominal pain control
- RFA is a viable procedure for longer lasting relief
- Safe when performed with anatomical knowledge and precautions
- Useful in trauma, surgery, and chronic pain management

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