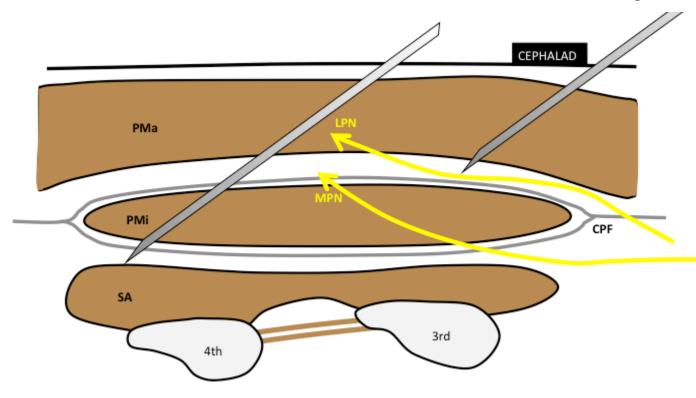
PECTORAL BLOCKS I AND II D. Wong M. Barrington



KEY STRUCTURES TO IMAGE

- PECTORALIS MAJOR MUSCLE (PMa)
- PECTORALIS MINOR MUSCLE (PMi)
- 2ND TO 5TH RIBS (3rd and 4th shown in above diagram)
- PLEURA
- SERRATUS ANTERIOR MUSCLE (SA)
- CLAVIPECTORAL FASCIA
- AXILLARY ARTERY AND VEIN
- PECTORAL BRANCH OF THORACOACROMIAL ARTERY (has close relation to the lateral pectoral nerve)

LPN, lateral pectoral nerve; MPN, medial pectoral nerve

PECs I blockade – lateral and medial pectoral nerves



PECs I: aim to inject over 3rd rib between pectoralis major and minor muscles

Pectoralis major

Pectoralis minor

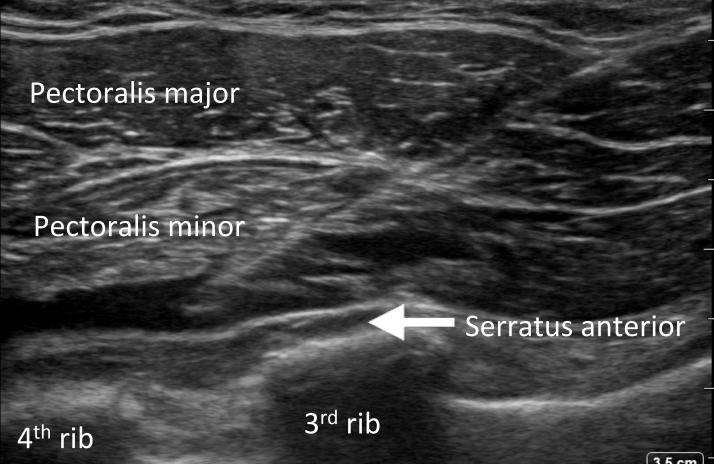
Serratus anterior

4th rib

PECs II blockade – intercostal nerves



PECs II: aim to inject over 4th rib between pectoralis minor and serratus muscles



BACKGROUND

PECs I and II blocks were developed as a simpler alternative to paravertebral blockade for breast surgery. PECs I block will provide lateral and medial pectoral nerve blockade, blocking pectoralis major and minor muscles. PECs II block provides intercostal nerve block providing cutaneous anesthesia. Commonly, PECs I and II are performed together.

INDICATIONS

BREAST SURGERY

SUGGESTED LOCAL ANESTHETIC DOSAGES

- PECs I block 0.2 mL/kg of 0.375 0.45 %ropivacaine
- PECs II block 0.25 mL/kg of 0.375 0.45% ropivacaine
- Alternatively 10 and 20 mL at PECs I and II respectively

TRANSDUCER

 High or intermediate frequency linear transducer. Curvilinear transducer in larger individuals.

NEEDLE 70 – 100 mm

TIP PECs II injection is superficial (or deep depending on preference) to serratus anterior, essentially same as serratus plane block, only that the latter is described as being performed more posterior, so that the injection plane is between serratus anterior and latissimus dorsi muscles. Regardless, the goal is the blockade of the lateral cutaneous branches of the intercostal nerves.