

**STATEMENT ON ANESTHETIC CARE DURING INTERVENTIONAL PAIN PROCEDURES
FOR ADULTS**

Committee of Origin: Pain Medicine

**(Approved by the ASA House of Delegates on October 22, 2005 and last amended on
October 20, 2010)**

It is the opinion of the Committee that the majority of minor pain procedures, under most routine circumstances, do not require anesthesia care other than local anesthesia. Such procedures include epidural steroid injections, epidural blood patch, trigger point injections, sacroiliac joint injections, bursal injections, occipital nerve block and facet injections. The use of general anesthesia for routine pain procedures is warranted only in unusual circumstances. The Committee recognizes that conditions may exist that make skilled anesthesia care necessary for procedures not normally requiring such care. Major co-morbidities and mental or psychological impediments to cooperation are examples of conditions dictating anesthesia care for even minor pain procedures in unusual patients. The use of sedation and anesthesia must be balanced with the potential risk of harm from doing pain procedures in a sedated patient, especially those undergoing cervical spine procedures.

Procedures that are prolonged and/or painful often require intravenous sedation and may warrant use of monitored anesthesia care (MAC). These include sympathetic blocks (stellate ganglion, celiac plexus, lumbar paravertebral), radiofrequency ablation (R/F), discography, percutaneous discectomy and trial spinal cord stimulator lead placement. Major nerve/plexus blocks are done less often in the chronic pain clinic, but the Committee believes that these blocks may warrant the use of intravenous sedation and, at times, MAC (e.g., brachial plexus block, sciatic nerve block, particularly continuous catheter techniques).