



FIG. 1. A device for CT guided celiac plexus block with a needle (arrow). Needle insertion is carried out, while an assistant holds the device parallel to the horizon.

neal anatomy. CT scanning is useful in defining the retroperitoneal anatomy and in determining the best route for needle insertion.

In our institution, we have modified the original CT guided celiac plexus block by Haaga *et al.*² Our method is as follows. The patient lies on a CT table in the prone position. The first lumbar vertebra is identified by x-ray and its position marked on the skin by means of the positioning light of the CT scan. After obtaining a CT

image at this level, the best point, angle, and depth to insert the needle are determined using implemented software. Insertion of the needle is carried out with a simple device that consists of a two-way water level and a goniometer (fig. 1). The spread of injected solution is visualized on a CT image by adding contrast material to the injecting solution. We inject 15 ml of 99% alcohol for neurolysis 10 min after injection of a mixture of local anesthetic and contrast material to confirm the effect of celiac plexus block and the spread of the solution.

The advantages of this CT guided technique, as well as the importance of pain management in patients suffering from cancer or chronic pancreatitis, warrant the use for the CT scan for celiac plexus block.

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In Reply:—We agree with Drs. Fujita, Ohsumi, and Takaori that finer resolution of the retroperitoneal space is achieved under CT scan guidance than by fluoroscopy. We have used just such a technique in patients who have undergone radical surgery and in those in whom it was known or suspected that metastatic growth or local invasion had caused severe anatomic distortion.

We disagree with the statement that CT scanning should be employed for all celiac plexus blocks. Use of the scan is expensive; time must be scheduled, non-operational periods are not infrequent, and, perhaps most importantly, additional personnel, including one or two technicians and perhaps even a radiologist, are involved. This cost is unnecessary and unwarranted, as the anatomy is usually normal. Our experience indi-

cates that the simplicity and safety of fluoroscopy, conveniently handled by anesthesiologists, alone and in the environment of the operating room, makes it the technique of choice for performing celiac plexus blocks in most cases.

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