

# Stellate Ganglion Block

## Case Report

September 29, 2016

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### Diagnosis

Post-Traumatic Stress Disorder

### Intro

On August 3, patient presented to the clinic for a stellate ganglion block procedure. Patient reports he was in the mortgage business for 30 years and his business crashed in 2007 and has never been as successful since. His mother was on tube-feedings from the Mayo clinic for 10 years and suffered uterine cancer, renal failure and renal dialysis until she passed away. His father committed suicide. His sisters stole items from the family home. His ex-wife went through psychiatric disorders that broke up their family. He feels that he went through a long-standing grind of stress over the years. He had been an athlete in college and felt like a competitive individual in his career, but lately he has been less motivated. He has been diagnosed with depression and has been prescribed Wellbutrin for 30 years. Patient has gained about 16 pounds over the past year. He loves to wrestle and wants to get back to the weight class of MMA that is healthy. He wakes up several times a night. He desires to clear the baggage from his ex-wife, and the damage she caused their children, and the stress of his business and the stress of his past. He is remarried to his college sweetheart and has no problems with libido and wants to continue in a good relationship with her.

After discussing the procedure with our staff, the patient requested to receive the treatment.

## Treatment

Needle approach planned by Dr. Shawn Tierney, who examined the anatomy around Chassaignac's tubercle and the path of the vertebral artery, which is posterior to the C6 anterior tubercle, over the stellate ganglion and radicular arteries, and about the C6 anterior tubercle. Dr. Tierney also confirmed the location of the fascial plane between the longus capitus and longus coli, just anterior to Chassaignac's tubercle, as well as the path of the C5 and C6 nerve roots.

Through ultrasound guidance, 7cc 0.5% Ropivacaine was injected by Dr. Jeremiah Maloney, Anesthesiologist, around the stellate ganglion on the right side of the neck. Anticipated Horner's syndrome was achieved within 5 minutes of completion of the block. Patient was observed for any post procedural complications and none were noted.

## Follow-up

The patient's score on the PCL was 65 prior to the Stellate Ganglion Block on August 3, 2016, and is 27 after the Stellate Ganglion Block on September 29, 2016. At his follow up visit, he reports that the stellate freed him from long-standing mental "scar tissue." He doesn't carry the stress of his parents' death anymore. He is noticing increased mental acuity and clarity in his real estate negotiations. He was having cold sweats pre stellate, and they still occur, but with less frequency. He can make clearer decisions after the stellate. He feels that his athletic performance in wrestling is improved, and he has increased motivation to exercise and lose weight.

He has referred several friends and colleagues to perform this procedure, and he thinks that he will continue to use the stellate again for performance enhancement in work. Patient reported no adverse effects from the procedure.

## Results

Figure 1. Patient's Self-Reported PCL-C, before and after the Stellate Ganglion Block

	Pre- Stellate	Post- Stellate
PCL Score	<b>65</b>	<b>27</b>
% Reduction in PTSD Symptoms	<b>58%</b>	

References: PCL-M for DSM-IV (11/1/94) Weathers, Litz, Huska, & Keane National Center for PTSD - Behavioral Science Division