



Anesthesia and Analgesia for High-Risk Pulmonary Patients

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Message from the Guest Editor

Recent advances in regional anesthesia have widened the usability of peripheral nerve blocks, even to certain high-risk patients that were once precluded due to the frailty of their respiratory condition. Compromised pulmonary patients would be subjected to general anesthesia and higher opioid usage, leading to an increased risk of postoperative pulmonary complications. Due to the innovations of ultrasonography, regional blocks have recently been refined to target select nerves supplying the shoulder that do not lead to adverse events, such as the suprascapular and axillary nerves. These novel phrenic-sparing blocks may be effective alternatives to the interscalene block and provide anesthesia and analgesia to these high-risk patients.

This Special Issue will identify the gaps in the novel regional techniques that are diaphragm sparing based on original research and review papers.

Topics will include:

- The use of novel regional techniques that are diaphragm sparing
- Comparison between novel techniques to the interscalene block
- Postoperative complications of patients with pulmonary disease
- Regional versus general anesthesia in patients with pulmonary disease





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