

# CHICAGO BLOCK? How Different Is It from the Stellate Ganglion Block (SGB)?

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Historically, SGB has been done “blind” without the assistance of X-ray. The injection was accomplished by the patient describing what was being felt. The dose of the anesthetic recommended has been as high as 10-15cc, but the higher the amount of anesthetic, the higher the chance of complications. We use 7cc total.

Usually, C7 was believed to be the best target location for the injection. However, the C7 vertebra is much closer to the lung and arteries in the neck than C6, making this injection site less safe. With the modified SGB (the “Chicago Block” pioneered by our team), the C6, which is higher up on the neck, is used. We also always use guidance, like x-ray, to make sure the needle is in the correct place. Then the needle is placed into C6 vertebra until the bone is contacted and anesthetic is injected at that level. Only the right side has been found to be effective by our team.

Further investigation has shown that only the right side works since only the right sided amygdale area of the brain is shown by scans to be over active in PTSD. We recommend the term “Chicago Block” be used when treating PTSD by the use of cervical sympathetic blockade.

In summary, “Chicago Block” is a right-sided cervical sympathetic ganglion injection, performed with guidance, and with 7cc of injectate.