Neuraxial analgesia for thoracic surgeries provide several advantages over systemic opioids, including superior analgesia and reduced pulmonary complications. In addition, neuraxial analgesia, is associated with a modest preservation of cellular and humoral immune function. The attenuated inflammatory response within the immunocompromised patient may diminish the clinical signs and symptoms often associated with infection. Likewise, the range of microorganisms causing invasive infection in the immunocompromised host is much broader than that affecting the general population and includes atypical and opportunistic pathogens.

It is important to note that although the following statements are based on a thorough evaluation of the available information, in some cases data are sparse. Epidemiologic series have documented the safety of neuraxial anesthesia and analgesia in the immunocompromised patient. Unfortunately, with complications as rare as epidural abscess and meningitis, no clinical study to date has sufficient power to definitively determine patient management. Variances from recommendations may be acceptable based on the judgment of the responsible anesthesiologist. The consensus statements are designed to encourage safe and quality patient care but cannot guarantee a specific outcome. They are also subject to timely revision as justified by evolution of information and practice.

References
