

COMPARATION OF PECTORAL BLOCK/PROPOFOL ANAESTHESIA VERSUS SEVOFLUORANE/FENTANYL ANAESTHESIA FOR BREAST CANCER SURGERY

López V MD[^] ; Cassinello F MD Ph D * ; Moris L MD Ph D; Fundación Jiménez Díaz, Madrid. * Ntra Sra de la Candelaria, Tenerife

INTRODUCTION

Breast cancer surgery is one of the most frequently performed surgeries. Even relatively minor breast surgery can be associated with significant postoperative pain. Thoracic epidural analgesia, paravertebral blocks and other regional techniques are commonly associated to general anaesthesia. Intercostal nerve block is another alternative described as particularly useful for ambulatory patients

OBJECTIVES

We aim to demonstrate that intercostal nerve block (INB) provides better postoperative analgesia than general anaesthesia with sevoflurane and opioids (SAO) with less nausea and vomiting (PONV) and better patient comfort

MAT & METHODS



We evaluated:

1. Intraoperative fentanyl consumption
2. Postoperative Visual Analogic Scales (VAS) pain scores
3. PONV scores
4. Postsurgical hospital stay

DISCUSSION

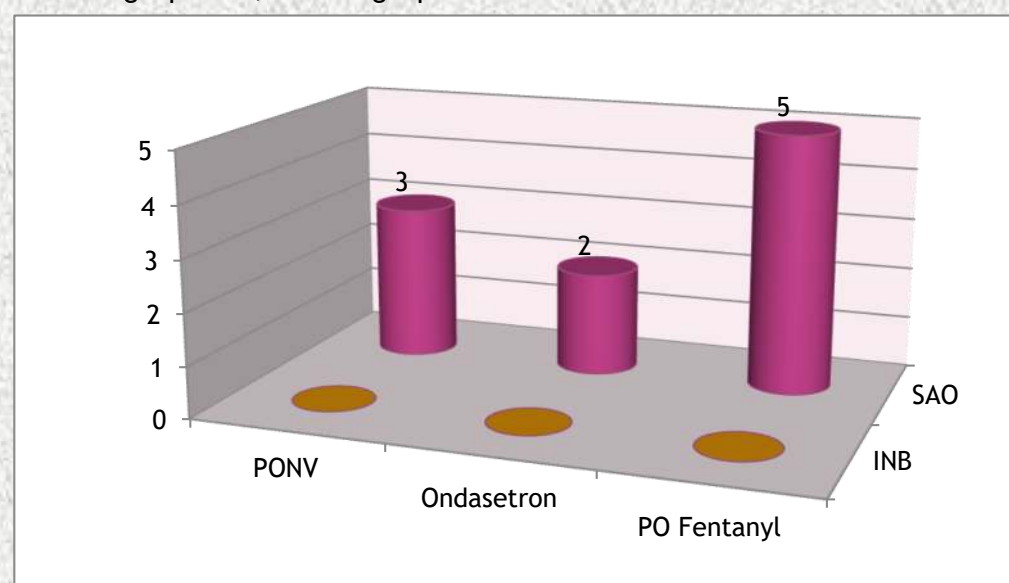
Intercostal nerve block is easy to perform and is associated to less adverse events than epidural or paravertebral block.

RESULTS

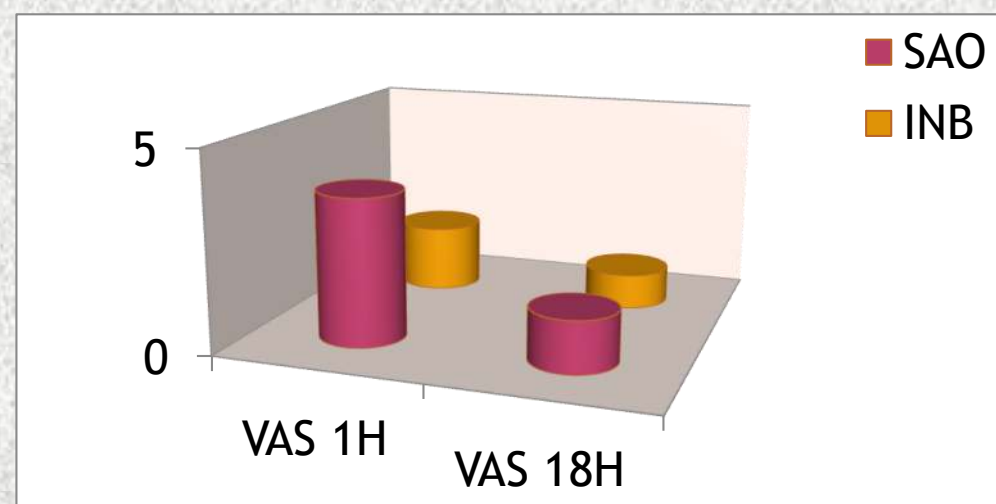
	SAO	INB	P
Age (yrs)	55.9±14.1	64.3±17.0	0.212
Weight (kgs)	25.4±4.4	25.7±3.4	0.762
Hospital Stay (days)	1.5±0.5	2.2±0.8	0.361

	SAO	INB	P
PARACETAMOL /METAMIZOL	10 (100%)	10 (100%)	1.000
DEXKETOPROFEN	1 (10%)	1 (10%)	1.000
INTRAOPERATIVE FENTANYL (µgr, median)	254.5±62.4	257.5±107	0.514
PO FENTANYL*	5 (50%)	0 (0%)	0.033
PO FENTANYL(µgr, median)	40	0	0.087
VAS 1H**	3.7±1.7	1.3±1.3	0.005
VAS 18-24H**	1.7±1.8	0.9±1.1	0.305
PONV*	3 (30%)	0 (0%)	0.211
ONDANSETRON*	2 (20%)	0 (0%)	0.474

* See graphic 1; ** See graphic 2



Graphic 1



Graphic 2

REFERENCES

1. Haydon, Nicholas Bernard van der Rijt, Rhys Downs, Catherine. A Novel Technique of Intraoperative Lateral Pectoral Nerve Block During Subpectoral Breast Implant Placement. *Plastic and Reconstructive Surgery*. 2016, 4 (3), e 646
2. Pérez et al. Bloqueo de las ramas cutáneas laterales y anteriores de los nervios intercostales para analgesia de mama. *Cir May Amb*, 2012, 17 (3), 95-104