Regional Blocks Benefit Ambulatory Breast Cancer Surgery Patients After Discharge Home

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Introduction

Regional blocks (RB) are increasingly administered to ambulatory mastectomy with immediate reconstruction (MWR) patients but their impact on recovery quality after discharge remains poorly defined. At the Josie Robertson Surgery Center (JRSC), patients are asked to report their symptoms for 10 days after discharge through the MyMSK patient portal and the Recovery Tracker (RT), a 14 question survey adapted from the National Cancer Institute PRO-CTCAE¹ instrument. We present novel outcome data that correlate the use of RB with improved post-discharge symptoms in MWR patients.

Methods

We analyzed data from 713 patients who underwent bilateral MWR from 4/2017 – 12/2018, stratified by patients who received any RB (paravertebral, serratus, and/or PECS blocks) vs. patients who did not. For RT-reported pain and fatigue we used generalized estimating equations with a logit link to test association between moderate or greater symptom level and RB receipt, after adjusting for survey day, age, BMI, ASA score and OR time.

Results

639 (90%) patients received a RB. Among the 559 patients with at least one RT survey (78% response rate), the odds of moderate or higher pain was 0.58 times lower among those with a block (95% CI 0.34, 0.97; $p=0.04$; Fig.) with no differences regarding severe pain ($p=0.7$). Levels of moderate or higher fatigue also decreased over time, with no significant differences between groups.

Conclusion

We present novel patient-reported data that suggest RBs benefit MWR patients after discharge. Future studies should include quality and functional outcomes to demonstrate the broader impact of our anesthetic techniques.

References

¹JAMA Oncol 1:1051, 2015.

Figure. Probability of Patient Reporting Moderate or Greater Pain