POSTOPERATIVE ANALGESIA FOR BREAST RECONSTRUCTION SURGERY BY LATISSIMUS DORSI (LD) FLAP WITH REGIONAL BLOCKS OF THE TORACIC WALL. CASE REPORT

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Background and Aims

Breast cancer is the most common cancer affecting women, accounting for 31% of all new cancer cases in the female population.¹ Breast cancer surgeries cause significant acute pain and may progress to chronic pain states in 25% to 60% of patients.² The aim of this case report was to show a satisfactory postoperative pain control for radical mastectomy with axillary clearance and primary reconstruction by latissimus dorsi (LD) flap with general anaesthesia (GA) associated by ultrasound guided PECS 1, 2 and serratus plane blocks.³

Case Report

A 52-year-old woman, ASA 2, 60kg diagnosed with right-sided breast malignancy was scheduled for radical mastectomy with dissection of the axillary nodes followed by primary reconstruction using a LD pedicle flap. Midazolam IV was given as an anxiolytic and induction of GA was done with sufentanyl, propofol and rocuronium IV. Maintenance with remifentanyl and propofol IV (continuous infusion). Ultrasound guided PECS 1, 2 and Serratus plane (SAP) blocks were performed with 20mL ropivacaine 0.2 % for each one, without problems. The SAP block was performed at mid-axillary line at the level of the fifth rib, deep to the Serratus muscle.³ Total volume and dosage of ropivacaine administered were 60mL and 120mg, respectively. Dexametasone, cetoprofeno and ondansetron were administered IV intraoperatively. Surgery lasted 4.25h and was uneventful.

Results

At the end of surgery, she was extubated and sent to the postanesthesia care unit (PACU) lasting 1.30 hour. Postoperative pain intensity was assessed using the visual analog scale score (VASS). VASS=0 at PACU discharge, and 12 h later VASS=0. This resulted in excellent intraoperative and postoperative analgesia and a minimum of systemic analgesics. The patient was discharged from the Hospital on the 3rd postoperative day with oral analgesics. Her experience with pain control was satisfactory.

Conclusion

PECS 1, 2 and Serratus plane blocks were satisfactory for postoperative analgesia for breast reconstruction surgery including LD flap reconstruction.

References

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