Axillary Giant Lipoma Excision under Serratus Plane Block

Ahmet Murat Yayik ¹
Ali Ahiskalioglu ²
Erkan Cem Celik ¹
Sinan Celik ¹
Akın Inaloz ³

Background and Aims

Serratus plane block (SPB) achieves complete analgesia of the hemithorax and axillary region. This block was generally used for acute postoperative pain management and reducing postoperative opioid consumption, neuropathic and chronic pain, however the use of surgical anesthesia is limited.

We report successful case of giant lipoma excision on axillary region with SPB for perioperative anesthesia and analgesia. A written consent form was obtained from the patients.

Methods

Case was an 18 year-old man, who under-went giant lipoma excision (23 cm × 10 cm × 5 cm) on the axillary region (Fig. 1A and B).

The latissimus dorsi and serratus muscles were visualized at the level of 4th and 5th ribs on the posterior-axillary line. With the in-plane technique, a 100 mm sonovisible nerve block needle was advanced between the latissimus dorsi and the serratus muscles in a caudal to the cranial direction.

Two mL saline injection was made to confirm the position of the needle, and 15 mL 0.5% bupivacaine and 15 mL 2% lidocaine injection between the two muscles (Fig. 1C).

Anesthesia was provided to the thoracic wall from Th2 to Th8 and axillary region. Surgery was uneventful and no additional medication was needed for intraoperative period.

Conclusions

Many nerves participate in the innervation of the axillary region (intercostobrachialis, intercostal, long thoracic, and thoracodorsal nerves). The intercostobrachialis nerve is major nerve of axilla and SPB is surely effective for this nerve. In our clinic, we have performed SPB successfully for excisional axillary lymph node biopsies for surgical anesthesia at our unpublished experiences.

SPB may be an alternative to general anesthesia, especially in axillary and thoracic wall superficial lesions.

Figure-1

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CONTACT

Ahmet Murat Yayik
Regional Training and Research Hospital,
Erzurum, Turkey
Email: m_yayik@hotmail.com
Phone: 905544259287