Erector spinae plane block (ESP) for postoperative analgesia for mastectomy total radical: case report

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Background and Aims

Postoperative pain control in breast cancer surgery has become one of the most important goals for anesthetists. Ultrasound-guided erector spinaeplane (ESP) block is an innovative, easy, safe.

Methods

To describe 50-year-old female patient, , a weight of 62 kg, with an 8-year history of a mass in the right breast which has undergone rapid progressive growth, involving the entire breast, over the past 7 months, diagnosed as a phyllodes tumor. Simple right mastectomy with axillary lymph node dissection and pectoralis major fascia resection were performed under general anesthesia. Ultrasound-guided erector spinae plane block was performed for postoperative analgesia, with excellent response up to 18 hours following the procedure.

Results

The patient was placed on left lateral decubitus and, following asepsia and anti-sepsis, T6 to T7 and right paravertebral ultrasound was performed using a highfrequency linear probe, to identify the anatomy (Figure 2) Bupivacaine with 0.25% epinephrine and 0.5% lidocaine was administered (total volume 20mL), achieving satisfactory erector spinae hydrodissection. Assessment 4hours later found an area of anesthesia comprised by the right anterior hemithorax and axillary region and anesthesia from T4 to T12 in the posterior region (Figure 3) Pain assessment was performed over a 30-hour period using the analog visual scale.

Based on our findings, ESP block may be recommendedas an option or adjunct for pain management.

Case	Sensory block ares	Pain intensity assessment VAS					Use of morphine PCA
		Hours					
		4	12	18	24	30	
1	T6-T12	0	0	1	1	2	1mg in 30 hours

1

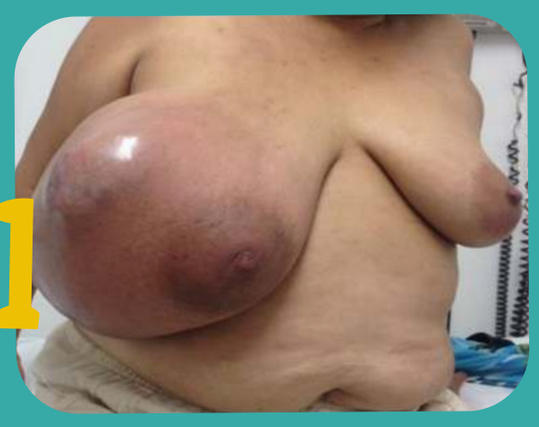

Figura No **1***: mama prequirurgica .*

2

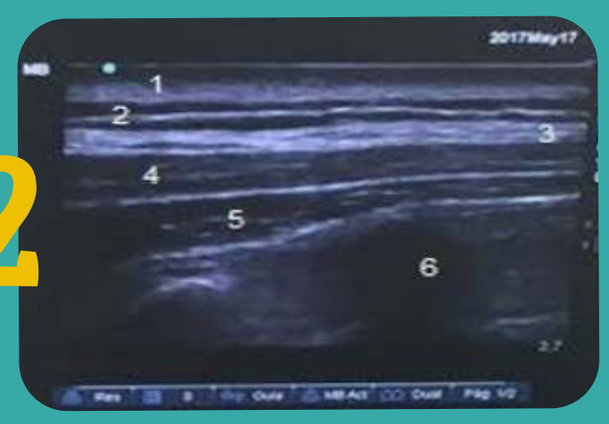

Figure **2***: Ultrasound image of ESP block. ESP=erector spinae plane: Identifies from the outside to the inside: 1.Skin, 2.subcutaneous cellular tissue, 3.Trapezius muscle, 4. rhomboid major muscle, 5.Erector Spinae muscle, 6.transverse process. A 50-mm echosensitive needle was placed through an in-plane cephalocudal approach up to the erector spinae muscle.*

3

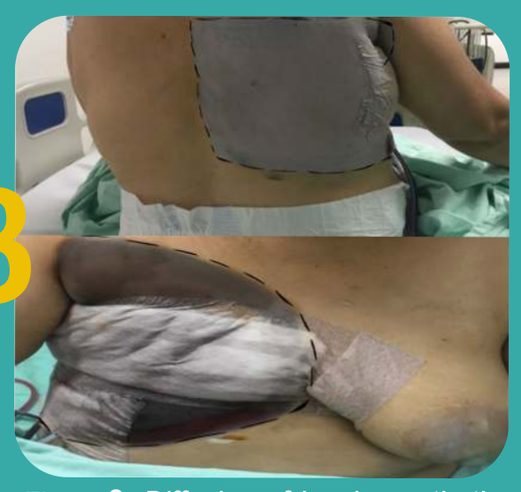

Figure **3***: Diffusion of local anesthetic. Assessment 4 hour later the ESP.*

Conclusions

ESP block is a safe, innovative strategy that is easy to perform and ensures good postoperative analgesia in radical mastectomy, reducing opioid requirements. It offers good pain management, contributing to faster patient recovery.

Bibliography

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