ERECTOR SPINAE PLANE BLOCK (ESPb) FOR AWAKE BREAST SURGERY IN YOUNG PREGNANT PATIENT. A CASE REPORT

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Background and aims: ESPb was described in thoracic neuropathic pain⁽¹⁾. It is not clear data over its analgesic range. ESPb prevents visceral and somatic pain including breast surgery⁽²⁾. Here, we present a successful ESPb in awake anaesthesia for radical mastectomy.

Methods: a 31-year-old pregnant patient was scheduled for nipple-areola complex sparing total mastectomy with axillary clearance of lymph nodes and expander positioning. Cardiotocographic control was carried out before and after surgery. ESPb was performed in sitting position at T4 transverse process level using 10-MHz linear ultrasound probe. Ropivacaine 0.5%, 20 ml was used. After confirming that successful blockade from T2-T8 was achieved in 30 min, propofol (target effect site concentration; 1 µg/ml) was infused to achieve a Ramsay sedation score of 4. No opioids were needed throughout surgery that lasted about 180 minutes.

Results: her vital signs were stable during surgery. The patient experienced very good analgesia and described NRS pain score 0-2 up to 18 hours after ESPb. After 18 hours and only once in the next 12 hours, the patient requested “on demand” pain medication (Paracetamol 1 gr). The patient experienced no nausea or vomiting, and she was easily mobilized.

Conclusions: ESPb is a simple and safe block, avoid opioid use. Our experience demonstrates that ESPb with sedation is a suitable option for awake radical mastectomy and reduce risk of PONV.

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