

ERECTOR SPINAE PLANE BLOCK FOR BREAST CANCER SURGERY. A CASE SERIES.

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BACKGROUND AND AIMS

Breast cancer is the most common cancer among women and surgery is its main treatment.

Morbidities associated to that surgery are acute postoperative pain and postoperative nausea and vomiting (PONV).

New techniques of regional anaesthesia have been described for thoracic wall surgeries in order to relief the pain, being **erector spinae plane (ESP) block** one of them.

Our aim is to evaluate **postoperative pain** using VAS score in breast cancer surgery (BCS) by performing ESP block.

We also recorded **opioid consumption**, **incidence of PONV** and **length of stay** (LOS).

METHODS

- Retrospective analysis
- October 2017 – April 2018
- n = 16 patients
- Surgeries carried out:
 - Tumorectomy + lymph node biopsy (n=13)
 - Mastectomy (n=3)
- General anaesthesia + ESP Block
- Intraoperative analgesia: paracetamol + dexketoprofen
- Antiemetic prophylaxis: dexamethasone + ondansetron

ESP BLOCK

- Awake patient on the seated position
- Ultrasound guided
- 13–6 MHz probe
- T5 transverse process
- 50 mm needle
- Single puncture
- Levobupivacaine 0.3% (30mL)



Fig. 1: Anatomical references to perform the block. ML = Midline. TP = Transverse Process. ²



Fig. 2: Probe in LAX and IP needle insertion with the tip on T5 TP. Arrows = spread of local anaesthetic, TM = Trapezius Muscle, RMM = Romboid Major Muscle, ESM = Erector Spinae Muscles.¹

RESULTS

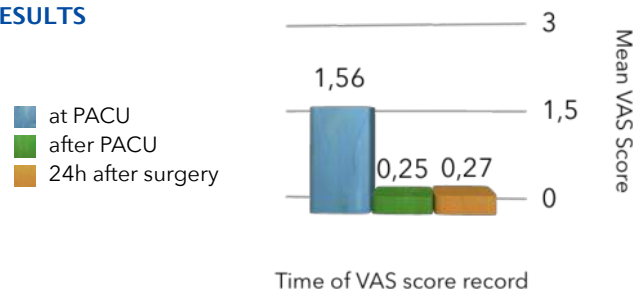


Fig 4. Postoperative pain at Post-Anaesthesia Care Unit (PACU), after PACU and 24h after surgery.

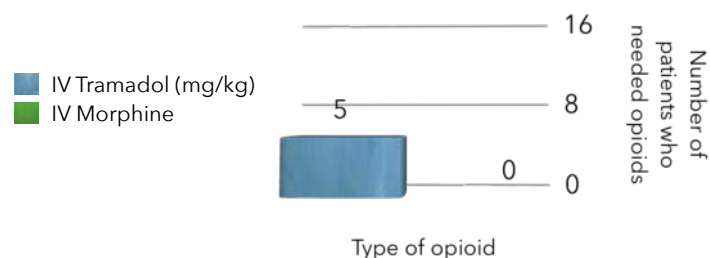


Fig 5. Opioid consumption after surgery.

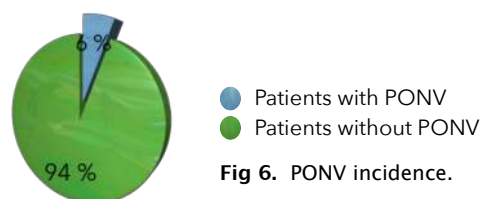


Fig 6. PONV incidence.

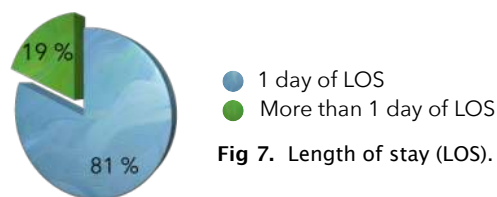


Fig 7. Length of stay (LOS).

CONCLUSIONS

Postoperative **VAS scores** in patients who underwent ESP block were **low** enough to think that ESP block provides **good postoperative analgesia** on BCS.

Patients rarely needed opioids, had low incidence of PONV and short LOS. Nevertheless, further research is needed.

REFERENCES

1. Forero M et al, The erector spinae plane block: a novel analgesic technique in thoracic neuropathic pain. Reg Anesth Pain Med 2016; 41: 621-7.
2. Chin, K. J. et al, The analgesic efficacy of pre-operative bilateral erector spinae plane (ESP) blocks in patients having ventral hernia repair. Anaesthesia, 72(4), 452-460.