

7th WORLD CONGRESS ON BREAST CANCER

May 10-11, 2018 | Frankfurt, Germany

Blocks for relieving pain associated with breast surgery

Cankaya Baris

Marmara University Pendik Training Hospital, Turkey

Regional and neuraxial anesthesia for pain management after breast surgery is gaining necessity. Data show improved postoperative pain control and patient satisfaction scores. Acute postoperative pain is a risk factor for chronic pain in women after breast surgery. Chronic postoperative pain develops in nearly half of patients undergoing breast surgery. Nerve blockade improves postoperative analgesia with decreased volatile anesthetic use and decreases hospital length of stay. Most commonly performed procedures are thoracic epidural catheters and paravertebral blocks, also ultrasound guided interfascial plane blocks that target pectoral nerve (Pecs) are Pecs I (between the pectoralis major) and Pecs II (between the pectoralis minor and serratus anterior muscles). The local anesthetic blocks the medial and lateral pectoral nerves, anterior divisions of the thoracic intercostal nerves from T2 to T6, long thoracic nerve, and thoracodorsal nerves thus providing analgesia. PECs blocks have shown efficient for analgesia after breast surgery. PECs easy to administer and associated with a lower incidence of complications, especially with the use of ultrasonography. Pecs block has been performed as postoperative pain management; not for a primary anesthesia. Anesthesiologists increasingly prefer Pecs over thoracic paravertebral blocks and thoracic epidural catheters. PECs have lower risk of intravascular injection.

Biography

Cankaya Baris is an Anesthesiologist with interest in perioperative medicine and patient safety. He is responsible for blue code management in his hospital. He has certifications for adult, newborn, pediatric resuscitation from European Resuscitation Council.

cankayabaris@hotmail.com

Notes: