OUR THORACIC PARAVertebral BLOCK EXPERIENCES IN BREAST CANCER PATIENTS

SERBULENT GOKHAN BEYAZ, TOLGA ERGONENC, FATIH ALTINTOPRAK, ALI FUAT ERDEM

1 SAKARYA UNIVERSITY FACULTY OF MEDICINE, DEPARTMENT OF ANESTHESIOLOGY, SAKARYA, TURKEY
2 SAKARYA UNIVERSITY FACULTY OF MEDICINE, DEPARTMENT OF GENERAL SURGERY, SAKARYA, TURKEY

Background & Aims:

We aimed to present our thoracic paravertebral block (TPVB) experiences in breast cancer patients.

Methods:

Five breast cancer patients records who had been operated under TPVB anesthesia at Sakarya University Faculty of Medicine between 2011-2012 were evaluated retrospectively. Modified Radical Mastectomy (MRM) was performed in all patients. TPVB was realized in a way to be 2.5 cm lateral from the midline in sitting position under aseptic conditions neurostimulator guided at T2-T5 levels. From the total 20 ml of 0.5% levobupivacaine T2-T5 levels, injections were done evenly, and superficial cervical block was realized with 10 ml 0.5% levobupivacaine. Propofol infusion as sedation was applied at the dosage of 20-50 mcg/kg/min.

Results:

All patients were stable as hemodynamic parameters, and postoperative opioid requirement did not occur. The nausea-vomiting only in one patient was encountered after the procedure. Demographic informations, Visual Analog Scale scores, anesthesia and surgery durations, and post-operative first analgesic time are summarized in Table 1 and 2.

Conclusion:

TPVB provides adequate anesthesia with unilateral somatic and sympathetic blockade, stable post-operative hemodynamic status, and highly postoperative pain control. Based on this results, TPVB seems to be an alternative method to general anesthesia in breast cancer patients.