The effect of serratus plane block performed under direct vision on post-operative pain in breast surgery

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Background: Breast cancer is the most common cancer in women and mastectomy is commonly performed as part of the management. A mastectomy can cause significant acute pain which progresses to chronic pain in 25-60% women. Recent studies have suggested that a serratus plane block is a viable alternative to regional anesthetic techniques without the side effect profile and that injection of local anesthetic into serratus anterior provided predictable and effective anesthesia to the chest wall. Serratus blocks target the thoracic nerves more selectively than pectoral blocks and local blocks can reduce the use of opiates post-operatively thereby lessening opiate related side effects.

Design: We performed a retrospective study of elective breast surgery patients undergoing mastectomy over 6 months. We collected data on outcomes for the pain score and use of analgesia in recovery, the use of analgesia and anti-emetics overnight and the pain score and mobilization status of the patient one day after the operation. Our sample included 16 patients who had received a serratus block and 11 patients who only had wound infiltration with levobupivacaine with adrenaline and clonidine.

Results: No patients receiving a serratus block suffered severe pain in recovery or day one post-operatively. Patients receiving wound infiltration alone had 2 patients suffering severe pain in recovery and 3 patients suffering severe pain day one post-operatively.

Conclusion: Serratus block provides effective regional anesthesia, suitable for mastectomies and appears to be superior to wound infiltration alone. However, further data will need to be collected to support this finding.

Theoretical and clinical application of the biopsychosocial spiritual model in adolescents with chronic pain

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The effects of chronic pain in adolescence are diverse, potentially influencing every facet of an adolescent's life. Adolescence itself is a diverse age group due to differences in biology, psychological functioning, social interactions, and spirituality. Therefore, it is helpful to conceptualize the impact of chronic pain using the biopsychosocialspiritual model. Literature on chronic pain often focuses on pediatric or adult populations. There is sparse guidance on how to provide evidence-based treatment for adolescents with chronic pain. This presentation reviews the existing body of literature on the biopsychosocialspiritual impact of chronic pain on the adolescent population and offers evidence based suggestions for optimal clinical care within the biopsychosocialspiritual domains.