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Long-term outcomes of breast cancer patients receiving Levobupivacaine wound infiltration or Diclofenac for postoperative pain relief**Dajana Djapic***Faculty of Medicine Osijek, Croatia*

Statement of the Problem: Breast cancer is the most common malignant disease in women. Preclinical studies have confirmed that the local anesthetic levobupivacaine has a cytotoxic effect on breast cancer cells. We examined whether postoperative wound infiltration with levobupivacaine influences survival in 120 patients who were operated on for breast cancer and underwent quadrantectomy or mastectomy with axillary lymph node dissection. Groups with continuous levobupivacaine wound infiltration, bolus wound infiltration, and diclofenac analgesia were compared. Long-term outcomes examined were quality of life, shoulder disability, and hand grip strength (HGS) after one year and survival after 5 and 10 years.

Materials and Methods: Out of a total of 149 patients who underwent surgery for breast cancer in the period 2009–2012, 120 of them were included in the prospective randomized parallel study. Eight domains were examined: physical health, role limitation due to physical problems, pain, general health perception, energy/vitality, social functioning, limitations due to emotional problems, and general mental health.

Results: Postoperative pain in rest and movement was well controlled in three groups. A significant reduction in pain was registered from the first to the fourth postoperative day. The lowest pain was observed in movement in the levobupivacaine PCA group on the third day. Overall survival at the end of the study, after 159 months, was still better in the group that received bolus levobupivacaine, but it was not statistically significant.

Conclusion & Significance: This pilot study confirmed that postoperative wound infiltration analgesia with levobupivacaine had a beneficial effect on the preservation of shoulder function on the operated side in patients after breast cancer surgery with axillary dissection. The mode of drug delivery is important for long-term outcomes. No statistically significant difference in long-term survival was observed in patients regardless of the type of postoperative analgesia.

Biography

Dajana Djapic is a specialist of Anesthesiology, Resuscitation and Intensive Care since the year of 2000. She got her Doctor of Science degree in 2013. based on long-term research work with breast cancer surgical patients. She has completed multiple continuing education and training courses in anesthesiology, pain management, palliative medicine and ultrasound-guided regional anesthesia. As an active participant she participated in several international congresses.