

Background

- Lung transplantation is a major surgery with considerable risk for post-operative complications, as well as prolonged intensive care unit (ICU) and hospital length of stay (LOS).
- Multimodal opioid sparing pain management has been preferred by ERAS protocols.
- Opioids analgesics have numerous effects detrimental to post-lung transplant recovery- sedation, respiratory depression, nausea/vomiting, and ileus.
- Thoracic epidural analgesia (TEA) has been the cornerstone of post-lung transplant analgesia due to the evidence it decreases duration of mechanical ventilations and ICU LOS.
- Ultrasound guided regional block has increased the options where there are contraindications for epidural catheter placement.
- PEC I, PEC II and Serratus anterior plane block are alternatives to minimize or eliminate the use of intravenous sedation and local anesthetic for postoperative pain.
- This case report highlights a patient who underwent bilateral lung transplantation, with postoperative thrombocytopenia and received successful PEC I, PEC II, and SAPB for postoperative pain management.

Intraoperative

- 70 years old male patient S/P bilateral lung transplantation for Interstitial lung disease/ Hypersensitivity pneumonitis.
- Patient developed acute postoperative thrombocytopenia was intubated and mildly sedated, Pain Score 8/10 on the chest wall, sharp, bilateral and constant.
- Concerns for coagulopathy and presence of thrombocytopenia thoracic epidural catheter placement was discarded.
- PEC I block, PEC II block, and Serratus anterior plane block were performed with Bupivacaine 0.25% (2.5 mg/ml) injection + liposomal Bupivacaine 1.3 % (13.3 mg/ml) injection under direct visualization guided by ultrasound.
- Patient extubated right after the performance of the block without complications.
- PCA with Fentanyl ordered, and planning for possible placement of thoracic epidural if there is improvement in thrombocytopenia.
- For the following 48 hours patient reported minor incisional chest pain, non-radiating. Pain Score 3/10, non-aggravated by respiratory movements. His breathing was well maintained, rarely using PCA fentanyl pump.
- Multidisciplinary team decided to decline thoracic epidural placement at this point, and patient discharged from the ICU to regular nursing floor without complications.

PEC I block / PEC II block / SAPB

