

Effect of Local Anesthetic Choice for Interpectoral and Subpectoral Nerve Blocks on Patients Undergoing Bilateral Mastectomy

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Introduction:

- Interpectoral and Subpectoral Nerve blocks have been proven to be effective for patients undergoing mastectomy
- Little is known about optimal local anesthetic choice for these blocks

Methods:

- Prospective observational study.
- Patients undergoing bilateral mastectomy received interpectoral and subpectoral nerve blocks post-induction
- Patients received either a combination of bupivacaine and liposomal bupivacaine or tetracaine 0.2%, lidocaine 0.4% and epinephrine
- Data was collected postoperatively via EHR and postoperative phone call regarding pain scores, opioid consumption, and PONV for 3 days

Results:

- No significant difference was found between the two groups when looking at postoperative pain scores, opioid consumption, and PONV during first three postoperative days

No difference in pain, opioid consumption, or PONV between tetracaine/lidocaine/epinephrine and liposomal bupivacaine when used for interpectoral and subpectoral nerve blocks for patients undergoing bilateral mastectomy



Table 1: Liposomal Bupivacaine vs. Lidocaine/Tetracaine/Epi: Postoperative Pain, MME, PONV

	Mean Pain Score		Mean MME		PONV	
	LB	Tet/Lido/Epi	LB	Tet/Lido/Epi	LB	Tet/lido/Epi
POD 0	4.14 (1.82)	4.74 (1.92)	18.4 (14.9)	16.6 (15.05)	12/22	11/28
POD 1	4.04 (1.57)	4.67 (2.18)	18.14 (19.35)	17.64 (25.13)	3/22	4/27
POD 2	4.45 (2.61)	4.13 (2.05)	20.25 (30.74)	11.29 (16.50)	3/22	7/28
POD 3	3.9 (2.05)	3.55 (1.97)	11.11 (14.66)	6.81 (10.51)	7/21	2/28

Figure 1: Average Numeric Pain Score by Postoperative Day

