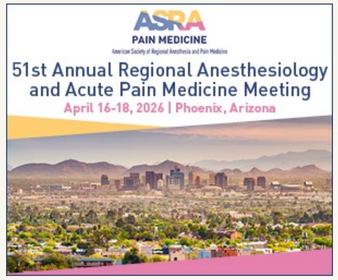

Comparison Between Erector Spinae Plane Block and Methadone for Prevention of Chronic Pain After Mastectomy

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INTRODUCTION

Chronic post-mastectomy pain is a common complication after breast cancer surgery and significantly impairs quality of life. Regional anesthesia techniques have been investigated as strategies to prevent chronic pain. The erector spinae plane block (ESPB) has emerged as a promising analgesic strategy, but its role in preventing chronic post-mastectomy pain remains unclear.

OBJECTIVE

To compare the incidence of chronic post-mastectomy pain between ESPB and intraoperative methadone.

METHODS

- Retrospective observational study
- Modified radical mastectomy with axillary lymph node dissection under general anesthesia (2019–2023)
- Analgesia: ESPB or intraoperative methadone
- Chronic pain assessed using the SF-MPQ (>3 months)

RESULTS

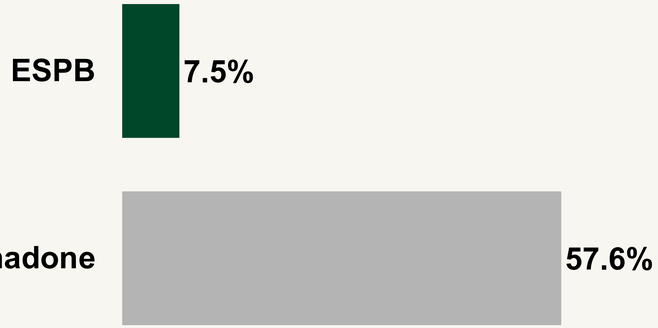
73 patients were included (ESPB n=40; methadone n=33). Baseline characteristics were similar between groups.

Chronic post-mastectomy pain

ESPB → 7.5% (3/40)

Methadone → 57.6% (19/33)

p < 0.001



DISCUSSION

The markedly lower incidence of chronic pain in the ESPB group suggests that regional anesthesia may play an important role in preventing chronic pain after breast cancer surgery.

CONCLUSION

ESPB was associated with a markedly lower incidence of chronic post-mastectomy pain and may represent an effective preventive strategy.

REFERENCES

Forero M et al. **Reg Anesth Pain Med.** 2016
Hussain N et al. **Reg Anesth Pain Med.** 2021
De Cassai A et al. **Minerva Anestesiol.** 2019
Cata JP et al. **J Clin Anesth.** 2024
Wylde V et al. **Pain.** 2023