



Bilateral Anesthesia with Long-Lasting Analgesia for Ambulatory Breast Surgery

Artiaga-Candia, Maria. Schott, Nicholas ▪ University of Pittsburgh Medical Center UPMC



Patient

71-year-old female
ASA III
Obesity (BMI 36), HTN,
T2DM, GERD



Surgery

Ambulatory bilateral breast surgery
▪ Left: segmental mastectomy
▪ Right: excisional biopsies



Clinical problem

- Acute postoperative **pain** → impaired breathing/mobility and higher opioid exposure
- **ERAS pathways** emphasize multimodal, opioid-sparing analgesia and early mobilization
- Thoracic paravertebral (PV) techniques are a well-established regional option for breast surgery analgesia



What's novel here

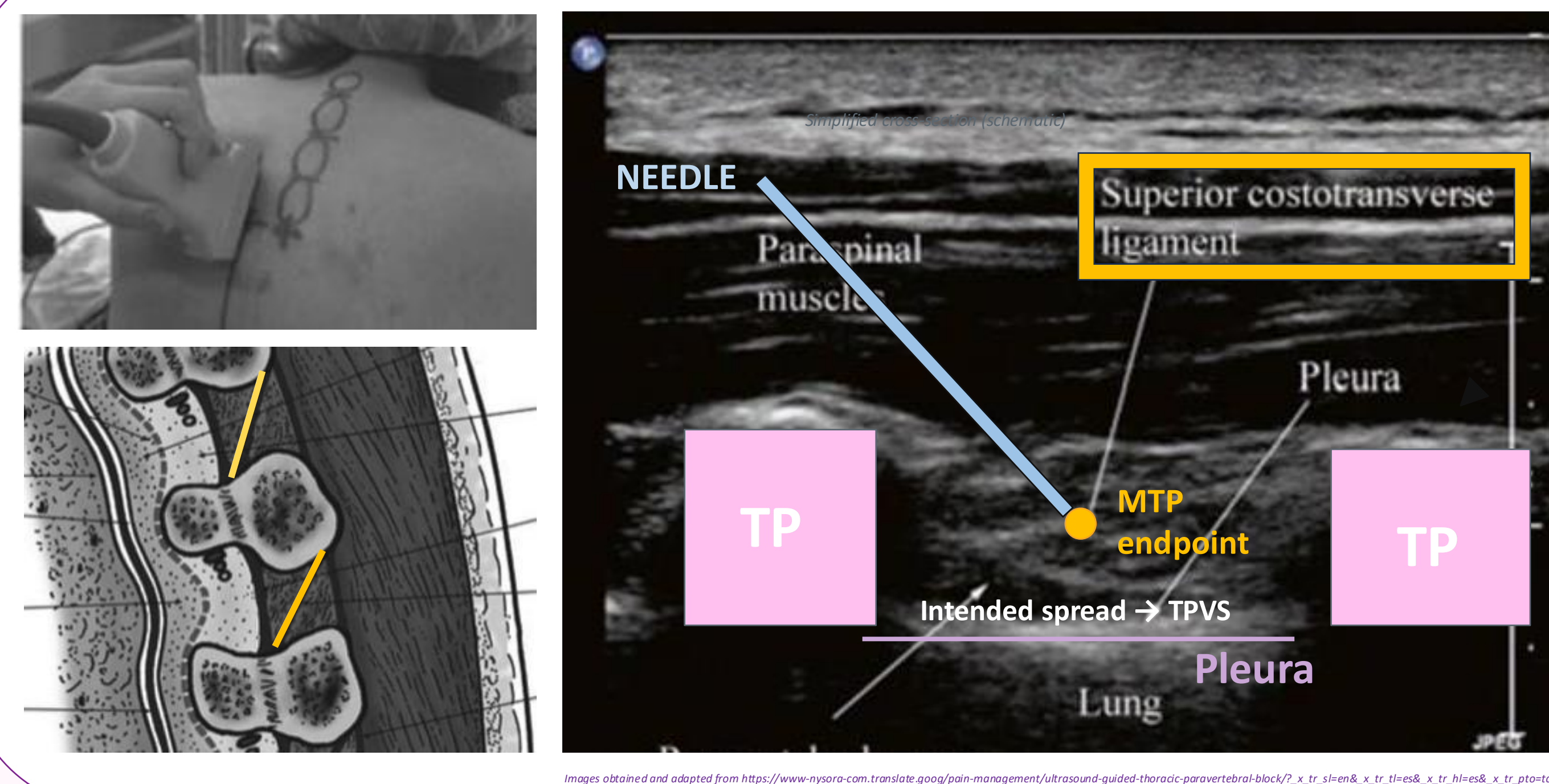
- Bilateral T4 **MTP** “PV-adjacent” blocks used as the **primary anesthetic**
- No general anesthesia, no airway instrumentation
- **Very low pain scores through 48 h** and no opioid requirement



Plan Light sedation ▪ Multimodal analgesia

Mid-point Transverse Process (MTP) block

Defined ultrasound endpoint between transverse process (TP) and pleura



Block details

- Ultrasound-guided bilateral T4 MTP approach
- 22G 8 cm Tuohy needle

Injectate (per side)

Liposomal bupivacaine 1.3% 10 mL (133 mg)
+ bupivacaine 0.5% (plain) 5 mL



Intraoperative course

- Surgery completed under **light sedation** with spontaneous ventilation
- Stable oxygenation with **nasal cannula**
- **Stable** hemodynamics
- **No** block-related **complications**

Recovery highlights

 Acetaminophen only No rescue opioids	 No nausea No complications	 Same-day discharge Ambulatory pathway	 VAS ≤ 2/10 At 24 & 48 hours
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Conclusions



MTP blocks can provide effective **anesthesia**



This case achieved **same-day discharge**



Liposomal bupivacaine for MTP may support **prolonged analgesia**. Low pain scores through 48 h **with no opioid requirement**