

Joint Event

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Use of local anaesthesia for post-operative breast cancer surgery analgesia – less pain or no gain?

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Introduction: Adequate post-operative analgesia is a major criterion for patient discharge. Breast procedures are increasingly performed as day case surgery, which allows early Normalisation, more efficient turnover and is cost-effective in an NHS where inpatient beds are at a premium. There is wide variability in perioperative analgesic strategies and no robust evidence in the literature to guide our practice.

Method: All consecutive patients in a single centre, planned for unilateral wide local excision (WLE) or mastectomy over 6 months were eligible. Bilateral surgery or repeat procedures were excluded. Post-operative data was gathered from care records and medication charts, including demographics, anaesthetic and analgesic medication used perioperatively. Patients and ward staff were blinded to local anaesthetic (LA use. Primary endpoints were pain scores, assessed using the validated Visual Analogue Score, and shoulder movement restriction (SMR) at 3hours, 6hours and 1day post-operatively. Secondary endpoints were complications and patient satisfaction.

Results: 170 patients were recruited. 98 patients underwent WLE and 72 had mastectomy. Patients were well matched for age, BMI, ASA and length of procedure in both arms with no significant difference in proportion of smokers or chronic pain sufferers. There was no statistically significant reduction in pain scores at each of the three time points in either WLE or mastectomy groups regardless of whether axillary clearance was performed ($p > 0.05$ using Mann Whitney U); although there was a trend towards lower scores in the LA groups. For SMR and secondary endpoints, there was no significant difference between the groups ($p > 0.05$ using Fisher's exact test).

Conclusion: The results show that there is no significant difference in post-operative pain scores, SMR or satisfaction for patients receiving intraoperative LA. Confounding factors would include different anaesthetic techniques. Due to sample size it was not possible to separate patients with skin infiltration vs cavity infiltration of LA, although the data is available for future analysis. This will be addressed in the current phase of recruitment to the study where we will increase the study's power, enabling subset analysis.

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