Erector spinae plane block as a sole anaesthetic technique for simple mastectomy in a cardiorespiratory crippled female

Sir,

We wish to report a case of simple mastectomy in a geriatric patient with carcinoma breast and multiple comorbid illnesses managed solely under regional anaesthesia.

A 70-year-old moderately obese female presented with a lump over the left breast and after evaluation was posted for left simple mastectomy. The surgery was part of a staging mastectomy to decide on chemotherapy and radiotherapy protocols. Pre-anaesthetic checkup revealed history of chronic obstructive pulmonary disease (COPD) and on and off inhaled bronchodilator and steroid combination therapy for the past 10 years. She also revealed a history of systemic hypertension and coronary artery disease for the past 4 years. Her effort tolerance was poor. Her pulse rate between 60-65/minute with a blood pressure of 126/76 mmHg. On examination, she had an active wheeze. 2D-echocardiography revealed an ejection fraction of 25%. The other investigations were normal. She was taking oral atorvastatin, nitroglycerine and aspirin, which were continued. In view of an active wheeze with severe COPD, general anaesthesia was termed relatively unsafe with a high risk of perioperative pulmonary complications. Hence, our anaesthetic plan was erector spinae plane block. Preoperatively, patient was administered nebulised salbutamol with budesonide for optimisation, after which wheeze had reduced. After getting an informed written consent from the patient, she was shifted into the operation theater and standard anaesthetic monitoring with...
In our case, the surgeon did not manipulate pectoral for mastectomies performed solely under ESP blocks. There are no studies the existing studies validated the effectiveness of ESP in thoracotomies, and recently for mastectomies. All large area. extend through several levels, and the block acts over a cranially to the sacrum caudally, local anaesthetics erector spinae fascia extends from the nuchal fascia to the posterior thoracic muscles. Stripping of pectoral fascia was done which did give mild discomfort to the patient but managed with narcotics. One axillary node was removed which was not painful. We did not specifically target intercostobrachial nerve but we have blocked from T1-T6.

Hence, further invasions in the axilla could have produced pain. Intercostal block[3] and paravertebral block[4] could be alternative options, but with risk of pleural puncture. Thoracic epidural anaesthesia has been used for mastectomies by Ravi et al.,[5] but we did not consider it due to the brittle cardiac condition in our case. We conclude that erector spinae plane block can be considered as an alternative anaesthetic technique for simple mastectomies in high-risk patients.

Declaraton of patient consent
The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflicts of interest
There are no conflicts of interest.

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