

Pecs-1 and Sap block for VATS in Nuss procedure: a case report.

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In 2011 Blanco described for the first time the “pecs block” as an alternative to paravertebral and thoracic epidural blockade for breast surgery analgesia.

Moving further, more modifications that involved injecting local anesthetic between serratus anterior and the intercostal muscle were described.

Over the last few years, many anesthesiologists have evaluated the analgesic efficacy of PECS block in various thoracic surgeries, video-assisted thoracoscopic surgery (VATS) included.

Pectus Excavatum is a common deformity of the chest wall seen in 1 in 300 to 400 births, with a male to female ratio of approximately 4-1.

Pectus Excavatum can result in multiple physiological abnormalities in the cardiopulmonary system, including diminished stroke volume and cardiac output, along with restrictive lung disease and ventilation-perfusion mismatching

Surgical treatment using the Nuss procedure has become the treatment of choice for patients with pectus excavatum. Additional use of the video-assisted-thoracoscopic surgery (VATS) technique has been globally accepted for the

improvement of safety as well as for decreased frequency of serious intraoperative and postoperative complications.

We describe the perioperative opioid sparing effect of bilateral PECS 1 + bilateral SAP block in a 16 years-old with Marfan syndrome treated with VATS in left to right Nuss procedure for pectus excavatum.

The boy had a T3-L2 posterior spinal fusion for severe scoliosis in the past: in his case thoracic epidural analgesia and PVB were not suitable for surgical pain management.