

SERRATUS ANTERIOR PLANE BLOCK VERSUS THORACIC EPIDURAL ANALGESIA IN THORACIC SURGERY

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Argomento: Anestesia loco-regionale e analgesia

Introduction

Thoracic epidural analgesia (TEA) is still considered the gold standard for thoracic surgery analgesic management, but new locoregional techniques are being used as less invasive alternatives for pain control.

Objective

Our aim was to evaluate if a multimodal analgesia strategy with SAPb could be a valid alternative to TEA.

Materials and methods

We enrolled 14 patients undergoing lobectomy or atypical lung resection with minimally invasive approach: 8 of them received SAPb with Levobupivacaine preoperatively, intraoperative Remifentanyl and a Morphine bolus (0,14-0,17 mg/kg ABW) and postoperative Patient Controlled Analgesia (PCA) with Morphine; 6 of them received TEA with Levobupivacaine and intraoperative analgesia also with Remifentanyl.

We compared postoperative NRS at 1, 6, 24 hours and hospital length of stay using the non-parametric statistic test of Mann-Whitney; Post-Operative Nausea and Vomiting (PONV) was evaluated with Fisher test.

Results

Statistical evaluation evidenced no significant difference in static and dynamic NRS at 1 hour ($P=0,06$; $P=0,12$ respectively) and 24 hours ($P=0,21$; $P=0,73$) postoperatively, while SAPb group had better static NRS at 6 hours ($P=0,03$).

Hospital length of stay (LOS) was similar in the two populations ($P=0,14$).

There were three episodes of PONV in SAPb group and none in TEA group ($P=0,20$).

One TEA catheter dislocated after surgery, the patient needed intravenous analgesia with morphine and the catheter was then repositioned

Conclusions

Our results show that SAPb is equianalgesic to TEA and LOS was comparable. PONV had higher incidence in SAPb population. We recorded no complications of the SAPb, while one TEA catheter was displaced. Our data suggest that a multimodal approach with SAPb could be a valid alternative to TEA, especially for those patients who present contraindications to TEA.

