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Perioperative analgesia in thoracic surgery: What is the best approach?

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Introduction: Thoracic epidural analgesia (TEA) is considered the gold standard in patients undergoing thoracotomy; however, paravertebral block (PVB) is considered a valid alternative with lower incidence of side effects. With the increase of minimal invasive thoracic surgery and introducing the enhance recovery after surgery, PVB becomes the first choice of analgesia. We present our results of different analgesia techniques in patient underwent thoracotomy in one of the largest hospital for thoracic surgery in London, UK.

Method: Patients underwent thoracotomy from March 2016 to March 2017 were prospectively reviewed and categorized based on analgesia techniques: Epidural with local Anesthetic (LA) and opioid, Epidural with only LA with addition patient controlled analgesia (PCA), paravertebral block (PVB) with PCA. We analysed the pain control, complications and length of stay.

Result: 137 patients underwent thoracotomy; 54 had thoracic epidural with LA and opioid, 32 epidural with LA with additional PCA and 52 PVB with additional PCA. There was no significance difference between the three groups in sex, age and weight. There was no significant difference between the three groups in the pain score immediately after surgery ($P=0.41$); however, there was no significance difference between the three groups in the pain score in the first 24 hours ($P=0.024$). Interestingly there was no significant difference between the three groups in complications: Nausea, vomiting, urinary retention and constipation.

Conclusion: PVB is a valid alternative for TEA in patients undergoing thoracotomy. However, considering the increase minimal invasive surgery techniques in thoracic surgery, PVB should be the first choice to promote the enhance recovery after surgery.

Biography

Nizar has completed his Medical School at the University of Bologna in Italy in 2006, In 2014 after completing his training in thoracic surgery Nizar moved to London and worked in the most important hospitals for thoracic surgery in UK: Royal Brompton Hospital, Great Ormond Street Hospital and Harefield Hospital. In 2017 Nizar was appointed as a consultant in thoracic surgery at Harefield Hospital, one of the most important Hospitals for cradiothoracic and transplantation in UK and in Europe. Nizar is specialised in minimal invasive surgery and performs most of the operation with VATS techniques. Nizar has presented in more than 50 national and international conferences presenting several researches and lectures and published more than 30 papers; he is researcher and currently leading multiple projects in thoracic surgery.

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