



## AB020. SOH23ABS\_248. Intraoperative nerve blocks in breast augmentation surgery

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**Background:** An essential component in ambulatory breast augmentation surgery is good analgesia. The demographic undergoing this operation is usually fit, low risk with few co morbidities. These patients do not require long-term hospitalization and do not want to spend excessive time in hospital for financial reasons. Opiate analgesia can have significant side effects such as nausea, vomiting and sedation. Reducing volumes of postoperative opiates allows faster ambulation and discharge from day surgery. We have developed two targeted nerve blocks that can be applied by the operating surgeon in a matter of seconds under direct vision not requiring imaging. Anecdotally we found that these targeted nerve blocks reduced opiate requirements and allowed accelerated discharge and faster return to normal activities. This was then tested in a prospective randomized double-blind trial.

**Methods:** A total of 20 patients were randomized into saline (n=10) or ropivacaine adrenaline solution (n=10). The operating surgeon and anaesthetist were blinded to the solution. All patients were closely followed up, and morphine equivalents were accurately recorded. Follow-up pain scores were recorded using the Overall Benefit of Analgesia pain questionnaire.

**Results:** The Ropivacaine nerve blocks significantly reduced opiate requirements postoperatively (P<0.05).

Pain scores were significantly decreased in the study group (P<0.05). There were no side effects attributable to the nerve blocks.

**Conclusions:** Intraoperative targeted nerve blocks significantly reduce postoperative opiate requirements in breast augmentation surgery. This results in faster recovery and higher patient satisfaction.

**Keywords:** Analgesia; breast surgery; nerve blocks; opiate consumption; pain scores

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### Footnote

*Conflicts of Interest:* The authors have no conflicts of interest to declare.

*Ethical Statement:* The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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