Implementing Nerve Blocks for Patients Undergoing a Bilateral Mastectomy with immediate Reconstruction: A Practice Change

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Abstract
Breast cancer is one of the most commonly diagnosed cancers in women. A mastectomy is one of the first line treatments for breast cancer, but it is associated with considerable postoperative pain. Literature suggests current methods of pain management are ineffective and regional anesthesia can help reduce postoperative complications following a bilateral mastectomy with immediate reconstruction. Information from the literature review was used to inform five anesthesia providers at a rural hospital in Mississippi about the benefits of regional anesthesia for patients having a mastectomy. A presentation was given to anesthesia providers regarding the benefits of paravertebral blocks (PVB) for patients undergoing a bilateral mastectomy with immediate reconstruction. Investigator developed questionnaires were used to determine how many times nerve blocks were provided for patients undergoing a bilateral mastectomy with immediate reconstruction one month before and one month after the intervention. Descriptive statistics were used to interpret the results of the questionnaires. One month following the presentation, 20 patients at the surgery center had a bilateral mastectomy with immediate reconstruction. All 20 of these patients received nerve blocks. Anesthesia providers also reported these patients had less postoperative complications than patients who did not receive a block. Although anesthesia providers at this facility implemented Pecs I, Pecs II, and serratus plane blocks instead of PVB blocks for this patient population, results from this project show when presented with EBP, anesthesia providers are willing to make a practice change to improve patient outcomes.