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The complete breast block, an approach to prevent the postmastectomy chronic pain progression

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The breast cancer is the most common cancer suffered by woman in the United States, the lifetime risk of developing breast cancer is about 12% for the average woman, which means 1 in 8 women in the United States will develop it. An estimated 253,000 women in the United States will be diagnosed with invasive breast cancer in 2017, and another 63,000 with *in situ* breast cancer. According to a recent epidemiologic study, higher breast cancer rates were expected between 2009 and 2015. Acute postoperative pain is an integral risk factor in the development of chronic postmastectomy pain; 40% of women will have severe acute postoperative pain after breast cancer surgery, whereas 50% will develop chronic postmastectomy pain with impaired quality of life. For the cohort of women receiving breast cancer surgery (BCS), accumulating evidence suggests a substantial prevalence of chronic postsurgical pain estimated to range between 29 and 57%. Similarly, available studies suggest that from one-fourth to one-half of women who undergo post-mastectomy breast reconstruction surgery report chronic postsurgical pain. Based on this, we proposed in 2015 a new approach of complete breast block for breast surgeries, based in the complex breast innervation, so we perform a modified PECS II, B.R.I.L.M.A., B.R.C.A. plus a subcutaneous infiltration in the inferior edge of the clavicle to block the cutaneous branches of the superficial cervical plexus. With this approach we have performed more than 500 breast surgeries, using it as a part of a multimodal approach, general anesthesia with laryngeal mask airway (LMA), remifentanil for the air way management, with an excellent hemodynamic stability and pain free postoperative period. We believe that using this approach the patients must have a pain free intraoperative and postoperative period and will fall the progression to chronic pain. Future studies are needed to validate this observation.

Recent Publications:

1. Schuitemaker Requena J B, Mayoral Ripamonti J T, Sala Blanch X, Muñoz S L, Imbiscuso Esqueda A T, Pesa Vendrell N, Arteaga Mejía D, Brasó Vicen C, Tintoré Caicedo X and Sanchez Cohen A P (2015) In plane lateral approach of the pectoral nerves. A PEC II modification. Reg Anesth Pain Med. 40(5):e123.
2. Desantis C, Ma J, Bryan L and Jemal A (2014) Breast cancer statistics, 2013. CA Cancer J Clin. 64(1):52–62.
3. Sbitany H (2018) Breast reconstruction. Surg Clin North Am. 98(4):845–57.
4. Hirko K A, Soliman A S, Hablas A, et al. (2013) Trends in breast cancer incidence rates by age and sage at diagnosis in Gharbiah, Egypt, over 10 years (1999-2008). J Cancer Epidemiol. DOI: 10.1155/2013/916394.
5. Poleshuck E L, Katz J, Andrus C H, Hogan L A, Jung B F, Kulick D I and Dworkin R H (2006) Risk factors for chronic pain following breast cancer surgery: a prospective study. J Pain. 7:626–34.

Biography

Juan Bernardo Schuitemaker R is a passionate Anesthesiologist with special interest in regional anesthesia. He has experience also in obstetric anesthesia. He mostly works with interfascial blocks, with special interest in chest blocks. Xavier Sala – Blanch is a worldwide known regional anesthesiologist, speaker in the most important conferences always in regional anesthesia, professor of anatomy in the medicine School in the Universitat de Barcelona. Arturo Sánchez – Cohen is a nurse specialist in interventional hemodynamics and pain medicine with great interest in clinical investigations. Ana Teresa Imbiscuso Esqueda, it's an Anesthesiologist pain medicine physician also Intensive care unit trainee.

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