Background and Aims Chronic pain is an important complication of breast surgery, affecting 20 to 30% of patients. We present a case of a 45-year-old woman admitted for prophylactic bilateral simple mastectomy with implant reconstruction. Due to an ovarian carcinoma BRCA1-mutation related, she had previously undergone hysterectomy with bilateral adnexectomy, where obstruction secondary to opioids was a major side effect. The patient specifically asked for an opioid-sparing technique for this reason. We aimed to demonstrate that a pre-emptively erector spinae plane block (ESPB) can be part of a multimodal analgesic opioid-sparing technique.

Methods A single shot, ultrasound-guided, bilateral ESPB was performed at T5 level, using 0.375% ropivacaine with sodium bicarbonate 8.4%, for a total of 40 mL. A total intravenous anaesthesia (propofol and remifentanil) was then induced, and analgesia was complemented with ketorolac (30mg), ketamine (30mg), paracetamol (1000mg) and metamizole (2000mg).

Results The surgery was uneventful and effective analgesia was achieved with this strategy (0 pain at rest and 3 with movement out of 10 points in the visual analogic scale). There was no need for opioids in the postoperative period and pain at rest was only reported more than 24h after the block. The patient didn’t show any gastrointestinal symptoms.

Conclusions Despite not being routine in our centre, this case presents ESPB as a major contributor to effective multimodal opioid-sparing analgesia in breast surgery. The avoidance of the opioids gastrointestinal side effects in this procedure greatly improved the patients’ satisfaction.

The patient consent was obtained for this case presentation.