Methods Written informed consent was obtained from a female (age 43) and a male (age 30) candidate to trans-axillary left supernumerary first rib resection. M-SBP block were performed with 10 mL of 2% carbocyanine, reaching the brachial plexus and the first rib periosteum (Figure 2). PSP block were performed over the third rib, injecting 15 mL of 7.5% ropivacaine between the pectoralis minor and serratus anterior (Figure 3). Surgery was carried out in spontaneous breathing under sedation with Propofol 2% continuous infusion. During the opening of the pleura, the lung collapsed, facilitating surgical manoeuvres, and finally reducing surgical timing and lung injuries.

Abstract B123 Figure 2

Abstract B123 Figure 3

Results M-SBP block successfully abolished pain and reflexes during the ribs resection. PSP block provided anaesthesia of pectoralis nerves, clavipectoral fascia, intercosto-brachial nerve, and lateral cutaneous branch. No additional opiates were needed. On postoperative day one NRS was zero, and pleura drainage was removed without discomfort; at three weeks follow-up patients did not report thoracic pain or complications.

Conclusions Even though large studies are needed, the combination of these two blocks seems to be a promising anaesthetic and analgesic technique in patients who need TOS decompression surgery, enhancing patient safety and comfort.