A RETROSPECTIVE CASE SERIES ON THE EFFECTIVENESS AND SAFETY OF A NOVEL ULTRASOUND-GUIDED CLAVIPECTORAL PLANE BLOCK FOR MIDSHAFT CLAVICLE SURGERIES

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Background and Aims The use of brachial plexus block (interscalene approach) or combination blocks (interscalene with superficial cervical plexus) in clavicle surgeries can be time consuming versus using a clavipectoral plane block (CPB), a novel block first described in the 2017 European Society of Regional Anaesthesia Congress. The primary objective of this study was to demonstrate the effectiveness and safety of using CPB with or without superficial cervical plexus (SCP) block as surgical anesthesia in clavicle surgeries.

Methods This was a retrospective, descriptive, observational case series of seven patients with midshaft clavicle fractures approved by the IRB (Protocol Number 2021-047). The primary endpoint was to determine the pain scores and opioid consumption of the patients thru a chart review and to determine any adverse effects of the blocks.

Results Both patients given with CPB had pain after PACU discharge up to 24 hours after surgery, but none required opioid medications post-op. All five patients who had CPB with SCP block had pain after PACU discharge up to 24 hours after surgery but one patient previously under sedation had required opioid medication after PACU discharge. The median duration between PACU discharge and first post-operative pain reported was at 12 hours. None of the patients had any adverse effects from the nerve blocks received.

Conclusions CPB with or without SCP block provided effective and safe anesthesia and analgesia to patients who underwent clavicle surgery under general anesthesia or intravenous

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INSTITUTIONAL REVIEW BOARD

Type of Review: ☐ Full Board ☒ Expedited (SPARE)

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The Makati Medical Center Institutional Review Board (MMC-IRB) strictly adheres to the provisions of the Declaration of Helsinki and the International Conference on Harmonization-Good Clinical Practices (ICH-GCP). All MMC-IRB members participated in the review of the study. The decision of approval was arrived at by consensus. Please refer to the attached Post-Approval Guidelines.

Name of IRB Chair	Signature	Date
D. GARRIN A. DASIO, M.D.		Electronically Signed JUN 01/2021

Recipient's Name	Signature	Date

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sedation. However, larger prospective trial studies should be conducted to further illustrate the sensory distribution of this plane block.

INCIDENCE OF PNEUMOTHORAX FROM CHEST WALL BLOCKS FOR AMBULATORY BREAST CANCER SURGERY IN A HIGH-VOLUME PRACTICE

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Background and Aims There is growing interest in regional anesthesia for breast surgery however many clinicians avoid paravertebral blocks (PVB) for fear of causing pneumothorax due to proximity to the pleura. Fascial plane blocks have been proposed as alternative approaches that may be safer for patients. We describe the rate of pneumothorax from PVB and serratus blocks in our high-volume practice.

Methods This IRB-approved retrospective study assessed 2,793 patients who received a regional block for mastectomy from January 5, 2016 – April 22, 2020 subdivided by laterality and block type (Table 1). We calculated risk of pneumothorax (including 95% C.I.) for patients who received: at least one PVB; at least one serratus block; unilateral blocks; and bilateral blocks. All blocks were placed preoperatively with ultrasound-guidance by an experienced anesthesiologist or supervised trainee.

Results PVB: 2251 patients, one pneumothorax. Complication rate 0.04%; 95% C.I. <0.01%, 0.2%

Serratus: 520 patients, one pneumothorax. Complication rate 0.2%; 95% C.I. <0.01%, 1.1%

Unilateral: 1081 patients, no pneumothorax. Complication rate 0%; 95% C.I. 0%, 0.3%

CERTIFICATE OF APPROVAL

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Protocol Title	A Retrospective Case Series on the Effectiveness and Safety of a Novel Ultrasound-Guided Clavipectoral Plane Block for Midshaft Clavicle Surgeries		
Protocol Version No. and Date	Version 1.1 dated 03 June 2021		
Principal Investigator	ALEEN L. ROSALES, MD, DPM		
Co-Investigator	NOEL S. AYPAN, MD, DPM, FPM, EDRA		
Date of Initial Submission (MM/DD/YYYY)	APR/28/2021	IRB Protocol Number	MMCIRB/2021-047
Sponsor	Not Applicable	Sponsor's Protocol No.	Not Applicable
List of Documents Approved:			
1. Protocol ref: Version 1.2, dated 03 June 2021			
2. Case Report Form ref: Version 1.2, dated 19 April 2021			
3. Informed Consent Waiver ref: Version 1.0, dated 03 June 2021			
4. Grant Chart ref: Version 1.0, dated 19 April 2021			
5. Study Budget ref: Version 1.0, dated 19 April 2021			
6. Flowchart of the Study ref: Version 1.0, dated 19 April 2021			
7. Curriculum Vitae and Good Clinical Practice Certificates of: a. ALEEN L. ROSALES, MD b. NOEL S. AYPAN, MD, DPM, FPM, EDRA			
Other Document(s) Filed:			
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