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High Thoracic Epidural Anaesthesia For Modified Radical Mastectomy With Axillary Clearance .

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ABSTRACT

To administer Regional Anaesthesia as a sole anaesthesia for a case of Carcinoma left Breast undergoing MRM with a destroyed lung - Left lung collapse with traction bronchiectasis.

Keywords: Modified radical mastectomy, Carcinoma of breast, Chronic obstructive pulmonary disease (COPD), High Thoracic epidural anesthesia,

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INTRODUCTION

Regional anaesthesia has many advantages when compared to General anaesthesia in improving patient outcome. It will provide excellent surgical anaesthesia and analgesia, good hemodynamic stability, good postoperative analgesia and less postoperative nausea and vomiting.

CASE REPORT

A 55 year old female patient with chronic hypertension had a lump in left breast and a swelling in the left axilla. Diagnosed as Carcinoma breast and was evaluated with routine investigations, was found to be anaemic, hemoglobin -7.4 gram % and Pulmonary Function Test suggestive of restrictive type of lung disease along with resolving stage of chronic obstructive pulmonary disease (COPD) associated with lower respiratory tract infection. Chest X ray and CT scan Chest showed emphysematous right lung. Chest Physician Opinion obtained, 'Patient was taken up for the surgery under high risk.

Case posted for Left Modified Radical Mastectomy under regional anaesthesia. Premedication given with Inj. Midazolam 2mg i.v. High thoracic epidural anaesthesia was performed at the level of T₆ – T₇ and tip was placed at T₃ – T₄, anaesthesia was given using 0.0625% of bupivacaine with 2µg / ml Fentanyl. Epidural Top up of 3ml given whenever needed. Intra operative blood transfusion done with 4 pints of packed cells, Continuous haemodynamic monitoring done with ECG, NIBP, SPO₂, Throughout the perioperative period patient was hemodynamically stable with less intraoperative blood loss and good postoperative analgesia.

DISCUSSION

High Thoracic epidural anaesthesia, one of the regional anaesthesia techniques, with use of low dose of local anaesthetic helps to preserve respiratory function in patients with multiple systemic diseases. Some retrospective studies reported improved survival with reduced prevalence of tumor recurrence after high thoracic epidural anaesthesia or paravertebral block in cancer patients. Successful use of high thoracic epidural anaesthesia avoids tracheal intubation hence also minimizes postoperative pulmonary complications [1-15].

When compared to general anaesthesia, High thoracic epidural anaesthesia provides good surgical anaesthesia and analgesia, better hemodynamic stability, less intraoperative blood loss, less intraoperative narcotic analgesics, avoiding use of muscle relaxants, good postoperative analgesia and less postoperative nausea and vomiting, early ambulation and less duration of hospital stay.

CONCLUSION

High thoracic epidural anaesthesia will be a better alternative technique of anaesthesia in a condition where the General anaesthesia is contraindicated. High thoracic epidural anaesthesia also has therapeutic advantage in patients with Ischemic Heart disease and Systemic hypertension.

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