High Thoracic Epidural in High Risk Modified Radical Mastectomy Patient

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Abstract

Modified radical mastectomy (MRM), the standard oncologic surgical procedure of the carcinoma of breast is routinely performed under general anesthesia. Carcinoma breast patients are considered to be at high risk for anesthesia due to high possibility of perioperative complications and mortality when associated with long standing type 2 Diabetes Mellitus (DM) with other co morbidities. Cardiac complications due to macro vascular and micro vascular involvement can pose a real threat. Here we present a case report of successful perioperative management of modified radical mastectomy only with High Thoracic Epidural Anesthesia in a case of carcinoma breast with long standing type 2 DM and hypertension. a 46 years old, 50 Kg female patient presented with left breast carcinoma and ST depression in septal on patient ECG and high glucose level (270mg/dL). Modified radical mastectomy with axillary clearance and skin grafting was done under thoracic epidural anesthesia through 18G epidural cathether placed at T3/T4 level. The local anesthesia was given with 0,375% ropivacaine during operation. The operation was done in 3 hours duration. During the operations patient was sedated with 0,05 mg/Kg Midazolam and using oxygen support with 2L/I via Nasal Canule. The patient's haemodynamic are stable during surgery with Systolic pressure between 110 – 130 mmHg, Diastolyc pressure between 65 – 90 mmHg, Heart Rate between 72 – 93 times per minute and SpO2 98– 99%. After surgery the patient is moved to the recovery room and monitored for 2 hours then transferred to the inpatient room.

Image



Figure 1. Patient During operation with nasal canule oxygen



Figure 2. Haemodynamic during the operation

Recent Publications (minimum 5)

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3. Otu E Etta, Kingsley Umeh & Sylvia G Akpan (2016) Thoracic epidural anaesthesia for major abdominal surgeries: experience in private hospital setting in Uyo, South-South Nigeria, Southern African Journal of Anaesthesia and Analgesia, 22:3, 86-88, DOI: 10.1080/22201181.2016.1168612
4. Manassero A, Bossolasco M, Carrega M, Coletta G. Postoperative Thoracic Epidural Analgesia: Adverse Events from a Single-Center Series of 3126 Patients. *Local Reg Anesth*. 2020;13:111-119 https://doi.org/10.2147/LRA.S272410
5. Coppens S, Raudsepp M, Hoogma DF, *et al* SP17 How to make your thoracic epidural work? *Regional Anesthesia & Pain Medicine* 2022;**47:**A13-A14.

Photograph



Biography

Anesthesiologist works on Medan, North Sumatera, Indonesia. Born in Medan, 1st February 1992. Have Concern about Regional Anesthesi for better outcome to health service

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