



Erector Spinae Block to Reduce Pain After Reduction Mammoplasty: We Need More Evidence

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Dear Editor,

I read with great interest the article by Oksuz et al. in a recent issue of the journal [1]. The authors performed a randomized trial involving 44 female patients who underwent breast reduction surgery and concluded that bilateral ultrasound-guided erector spinae blocks were more effective than tumescent anesthesia in regard to analgesia consumption and pain scores in the postoperative period. The authors should be applauded for performing a well-designed trial in acute pain involving patients undergoing breast reduction surgery [2, 3]. The use of regional blocks to improve postoperative recovery by reducing moderate/severe postoperative pain constitutes a very important topic in surgery [4, 5].

Although the study of Oksuz et al. was well conducted, there are some critical points that need to be clarified to determine the validity of the author's findings. First, it is unclear why the authors selected remifentanyl as part of their intraoperative anesthetic management as this opioid can result in a postoperative hyperalgesic response altering the study outcomes and limiting the generalizability of the

study findings. Second, the pain scores reported from the tumescent group appear to be very high when compared to prior literature, particularly patients on a patient-controlled analgesia (PCA) pump. The use of a PCA is uncommon in this patient setting and one would expect lower pain scores due to better analgesic control. Last, it is not clear in the manuscript who collected the postoperative outcome data. It is known that pain scores collected by clinical nurses are not reliable for analgesic studies [6].

I would welcome comments to address the aforementioned issues as they were not discussed by the authors as this would further support the findings of this important clinical trial.

Compliance with Ethical Standards

Conflict of interest The author declares no conflicts of interest to disclose.

Human and Animal Rights This article does not contain any studies with human participants or animals performed by any of the authors.

References

1. Oksuz G, Bilgen F, Arslan M, Duman Y, Urfalioglu A, Bilal B (2018) Ultrasound-guided bilateral erector spinae block versus tumescent anesthesia for postoperative analgesia in patients undergoing reduction mammoplasty: a randomized controlled study. *Aesthet Plast Surg*. <https://doi.org/10.1007/s00266-018-1286-8> (Epub ahead of print)
2. Raof RA, El Metainy SA, Alia DA, Wahab MA (2017) Dexmedetomidine decreases the required amount of bupivacaine for ultrasound-guided transversus abdominis plane block in pediatrics patients: a randomized study. *J Clin Anesth* 37:55–60
3. Boccara D, Picard F, Chaouat M, Mimoun M, Serror K (2018) Postoperative pain control by intercostal nerve block after augmentation mammoplasty. *Aesthet Plast Surg* 42:338–339

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4. Khanna A, Saxena R, Dutta A, Ganguly N, Sood J (2017) Comparison of ropivacaine with and without fentanyl vs bupivacaine with fentanyl for postoperative epidural analgesia in bilateral total knee replacement surgery. *J Clin Anesth* 37:7–13
5. Ohgoshi Y, Takeda M, Miura M, Kori S, Matsukawa M (2017) Combination of femoral and genitofemoral nerve blocks is effective for endovascular aneurysm repair. *J Clin Anesth* 37:97–98
6. McCarthy RJ, De Oliveira GS (2015) The trouble with using provider assessments for rating clinical performance: it's a matter of bias. *Anesth Analg* 120:714–716

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