Research Article

Serratus Anterior Plane (SAP) Wound Infiltration Catheter for Thoracotomy Pain

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Discussion

Since many years, several pain control procedures have been described & succeeded in lowering the postoperative pain scores, among which, thoracic epidural, paravertebral blocks, intercostal nerve blocks & narcotics, were the most common. On the other hand, serious complications such as hypotension, bleeding, total spinal, pneumothorax & failure were recorded. In addition, time, trained hands & tight control of coagulation profile were required all the time. Thus came the need for a safer & easier option yet equally effective. On 2013, Blanco was the first to describe the SAP block as a novel ultrasound guided inter-fascial plane block then two more successive case reports were published on 2015 & 2016 by Rajashree & Korgun respectively. In all three studies, SAP block was given under ultrasound guidance & was successful in providing anesthesia and/or analgesia of the upper anterior chest wall while avoiding some of the more serious complications associated with neuro-axial techniques or TPVBs, but still time consumption, trained hands & an ultrasound machine were the limitations of that technique. We have thought of overcoming these limitations by asking our surgeons to insert a multi-hole infiltration catheter under vision in the serratus muscle facial plane just at the end of the surgery through which Ropivacaine infusion is delivered before patient’s extubation [13-31].


