Oncology; Study Data from Cleveland Clinic Provide New Insights into Breast Cancer (Thoracic paravertebral regional anesthesia improves analgesia after breast cancer surgery: a randomized controlled multicentre clinical trial)

Publication info: Medical Devices & Surgical Technology Week ; Atlanta [Atlanta]05 Apr 2015: 637.

ABSTRACT

The news reporters obtained a quote from the research from Cleveland Clinic, "Patients having breast cancer surgery were randomly assigned to paravertebral analgesia with propofol GA (PPA, n = 187) or sevoflurane GA with perioperative opioid analgesia (SOA, n = 199). The PPA and SOA groups were compared for opioid consumption and pain outcomes (on a 0-10 visual analogue scale [VAS]) at two hours postoperatively using superiority and inferiority statistics. We compared our results with previous publications in a meta-analysis. Compared with the SOA group, the PPA group experienced reduced median [interquartile range] pain VAS scores (1 [1,3] vs 2.5 [1,4], respectively; median difference -1.0; 99% confidence intervals [CI]: -1.5 to -0.5) and required less intraoperative fentanyl (50 [0, 125] A mu g vs 200 [100, 300] A mu g, respectively; median difference -100; 99% CI: -150 to -100) and less long-acting opioid (0 [0, 0] mg vs 3.0 [0, 12] mg, respectively, morphine equivalents; median difference -3; 99% CI: -4 to -2).

FULL TEXT

2015 APR 5 (NewsRx) -- By a News Reporter-Staff News Editor at Medical Devices &Surgical Technology Week -- Researchers detail new data in Oncology. According to news reporting originating in Cleveland, Ohio, by NewsRx journalists, research stated, "The contribution of regional anesthesia with thoracic paravertebral blockade to postoperative analgesia remains unclear. We compared the effect of a combination of paravertebral blockade and propofol general anesthesia (GA) with sevoflurane GA and opioid analgesia on postoperative pain and opioid use for patients undergoing breast cancer surgery."

The news reporters obtained a quote from the research from Cleveland Clinic, "Patients having breast cancer surgery were randomly assigned to paravertebral analgesia with propofol GA (PPA, n = 187) or sevoflurane GA with perioperative opioid analgesia (SOA, n = 199). The PPA and SOA groups were compared for opioid consumption and pain outcomes (on a 0-10 visual analogue scale [VAS]) at two hours postoperatively using superiority and inferiority statistics. We compared our results with previous publications in a meta-analysis. Compared with the SOA group, the PPA group experienced reduced median [interquartile range] pain VAS scores (1 [1,3] vs 2.5 [1,4], respectively; median difference -1.0; 99% confidence intervals [CI]: -1.5 to -0.5) and required less intraoperative fentanyl (50 [0, 125] A mu g vs 200 [100, 300] A mu g, respectively; median difference -100; 99% CI: -150 to -100) and less long-acting opioid (0 [0, 0] mg vs 3.0 [0, 12] mg, respectively, morphine equivalents; median difference -3; 99% CI: -4 to -2). Thus, non-inferiority was detected for all the above outcomes, and superiority tests for each outcome were highly significant in the expected directions (P <0.001). Meta-analysis, including the current study, estimated a reduction in worst pain of 2.3 points (95% CI: 1.8 to 2.8) on a 0-10 scale and a 72% reduction (95% CI:

42 to 87) in mean opioid consumption in the immediate two postoperative hours for PPA vs SOA. Our results were largely consistent with previous much smaller studies. Compared with sevoflurane GA with opioid analgesia, the combination of paravertebral analgesia with propofol GA provides an early clinical analgesic benefit in females having breast cancer surgery."

According to the news reporters, the research concluded: "This analysis is a substudy of an ongoing multicentre double-blinded randomized trial (www. clinicaltrials.gov, NCT00418457) of cancer recurrence."

For more information on this research see: Thoracic paravertebral regional anesthesia improves analgesia after breast cancer surgery: a randomized controlled multicentre clinical trial. Canadian Journal of Anesthesia-Journal Canadien D Anesthesie, 2015;62(3):241-251. Canadian Journal of Anesthesia-Journal Canadien D Anesthesie can be contacted at: Springer, 233 Spring St, New York, NY 10013, USA.

Our news correspondents report that additional information may be obtained by contacting J. Wu, Cleveland Clinic, Dept. of Quantitat Hlth Sci, Cleveland, OH 44106, United States. Additional authors for this research include D. Buggy, E. Fleischmann, I. Parra-Sanchez, T. Treschan, A. Kurz, E.J. Mascha and D.I. Sessler.

Keywords for this news article include: Ohio, Surgery, Oncology, Cleveland, Anesthesia, United States, Breast Cancer, Pain Medicine, Women's Health, North and Central America, Clinical Trials and Studies

DETAILS

Publication title:	Medical Devices &Surgical Technology Week; Atlanta
First page:	637
Publication year:	2015
Publication date:	Apr 5, 2015
Publisher:	NewsRx
Place of publication:	Atlanta
Country of publication:	United States, Atlanta
Publication subject:	Medical Sciences
ISSN:	15371409
Source type:	Wire Feeds
Language of publication:	English
Document type:	Expanded Reporting
ProQuest document ID:	1666334551
Document URL:	http://library.tcu.edu/PURL/EZproxy_link.asp?http://search.proquest.com/docview/1666334551?accountid=7090

Copyright:	Copyright 2015, NewsRx LLC
Last updated:	2015-03-25
Database:	Nursing &Allied Health Database

LINKS

Check for Full Text Sources