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Abstract Submission Form

Abstract Title
Regional Anaesthesia for Breast Surgery: Increasing Uptake in a District General Hospital

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Introduction

Breast cancer accounts for almost 25% of all cancers in women[1]. Of patients who undergo surgery, 35% experience some degree of persistent post-surgical pain[2]. Regional anaesthesia techniques have been shown to reduce post-operative pain, opioid use, and chronic pain incidence[3]. Despite the benefits, regional anaesthesia was underutilised in our hospital.

Aim

To improve access to regional anaesthesia for patients undergoing mastectomy and/or axillary node clearance (ANC) surgery.

Methods

A baseline audit was conducted on current practice in patients undergoing mastectomy or ANC. Questionnaires were distributed to anaesthetic and surgical teams to assess knowledge, training and barriers to regional anaesthesia. Ultrasound guided PECS I and II blocks were chosen as the regional anaesthesia option. A collaborative approach included meetings with breast surgeons and targeted educational sessions for anaesthetists. Following this, live scanning sessions and supervised practice completed the education programme. A post-intervention audit assessed changes in practice.

Results

Key results for the pre and post intervention audits are displayed in Table 1.

	Number of patients	**Regional Anaesthesia (%)**	**Strong opioid administered in recovery (%)**
Pre intervention	19	5.2%	47%
Post intervention	20	50%	30%

Anaesthetists reported that regional techniques were not used due to inexperience or regional anaesthesia was deemed unnecessary. Teaching was designed to address these issues. Surgical respondents were keen to increase access to regional anaesthesia for their patients. This was for acute and chronic pain management plus improving time to discharge. Concerns were related to the additional time required.

Discussion

This intervention successfully increased the uptake of regional anaesthesia for breast surgery. Barriers were addressed through training and multidisciplinary collaboration. Post-operative pain scores were consistently low, and reduced opioid use suggests a potential analgesic benefit of regional techniques. Further work is required to optimise uptake and assess long-term outcomes.

Conclusion

A targeted educational and collaborative approach effectively increased the provision of regional anaesthesia for breast surgery in our hospital, with potential benefits for post-operative pain management and opioid reduction.

References

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