

## Efficacy of paravertebral block analgesia for post-thoracotomy pain control

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**P**aravertebral block (PVB) is an effective analgesic technique for post-thoracotomy pain, whereas there is no clear proof on how it can be more effective. We aimed to assess if the pleural integrity has a significant effect on thoracic PVB analgesia. Data of patients who underwent thoracotomy and paravertebral catheterization at the Menoufia University Hospitals, between November 2010 and December 2014 were retrospectively collected. Patients were classified into two groups; Group A, where the parietal pleura was disrupted, and Group B, where there was no pleural tear. Pain scores and pulmonary functions were compared between both groups. Also, the frequency of PVB analgesia and the need for supplementary drugs taken as well as the use of rescue pain medications were assessed in both groups. 132 patients were analyzed; group A (n=68) patients with pleural disruption and group B (n=64) patients with intact pleura. There was no statistical significant difference regarding age, sex, body mass index, American society of anesthesiologists score (ASA), diagnosis, and operative details. Pain scores were significantly lower in Group B, where there was no pleural tear. Pulmonary functions significantly improved among intact pleura group. Significant increase in the frequency of PVB analgesia, supplementary drugs taken in postoperative period and in the use of rescue drugs were observed in patients with pleural disruption. Complications were higher in pleural disruption group. Preservation of integrity of the parietal pleura is essential for the quality thoracic PVB.

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