

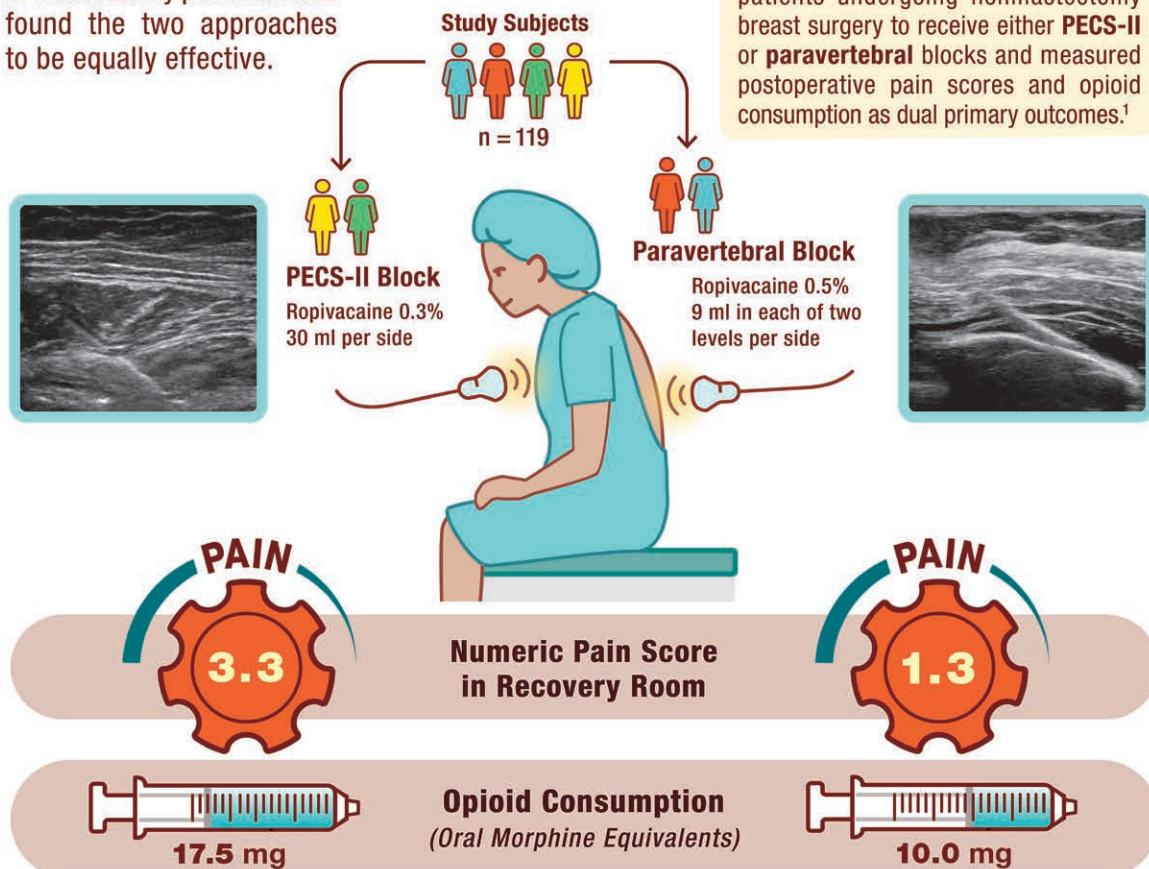
Less PAIN with the Same Gain

Paravertebral vs. Pectoralis-II Nerve Blocks after Nonmastectomy Breast Surgery

Paravertebral blocks, developed over a century ago, have been the gold standard for breast surgery. More recently, pectoralis-II (PECS-II) blocks have been adopted because they avoid the neuraxis and pleura.

Studies done predominantly in mastectomy patients have found the two approaches to be equally effective.

In this randomized controlled, noninferiority trial, Gabriel *et al.* randomized patients undergoing nonmastectomy breast surgery to receive either PECS-II or paravertebral blocks and measured postoperative pain scores and opioid consumption as dual primary outcomes.¹



Conclusions: Contrary to previous studies, paravertebral block provided superior analgesia and reduced opioid consumption compared to pectoralis-II block in nonmastectomy breast surgery patients.

PECS-II, pectoralis-II; PVB, paravertebral block.

Infographic created by Sreekanth Cheruku, University of Texas Southwestern Medical Center, Holly B. Ende, Vanderbilt University Medical Center, and Jonathan P. Wanderer, Vanderbilt University Medical Center. Illustration by Annemarie Johnson, Vivo Visuals Studio. Address correspondence to Dr. Ende: holly.ende@vumc.org.

1. Gabriel RA, Curran BP, Swisher MW, et al.: Paravertebral versus pectoralis-II (interpectoral and pectoserratus) nerve blocks for postoperative analgesia after nonmastectomy breast surgery: A randomized, controlled, observer-masked noninferiority trial. *ANESTHESIOLOGY* 2024; 141:1039–50