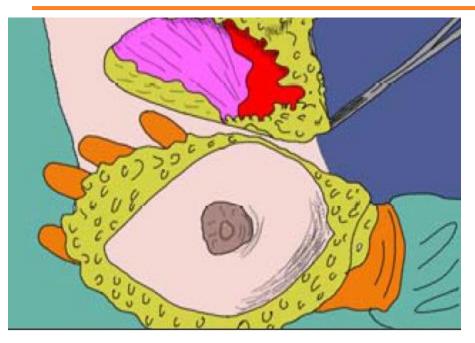
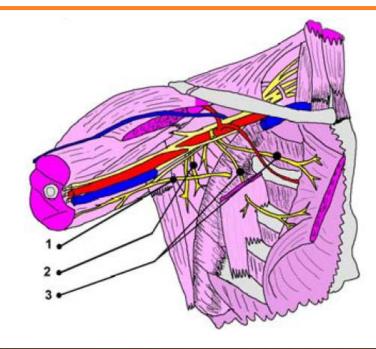
Functional Postoperative Recovery Breast Surgery





Eric Hodgson Inkosi Albert Luthuli Hosp & Nelson R Mandela School of Medicine Durban, KZN







IVERSITY OF Nelson R Mandela ZULU-NATAL School of Medicine

Declaration

Advisory boards



Abbvie, Fresenius Kabi, Sanofi-Aventis, MSD, Mundipharma

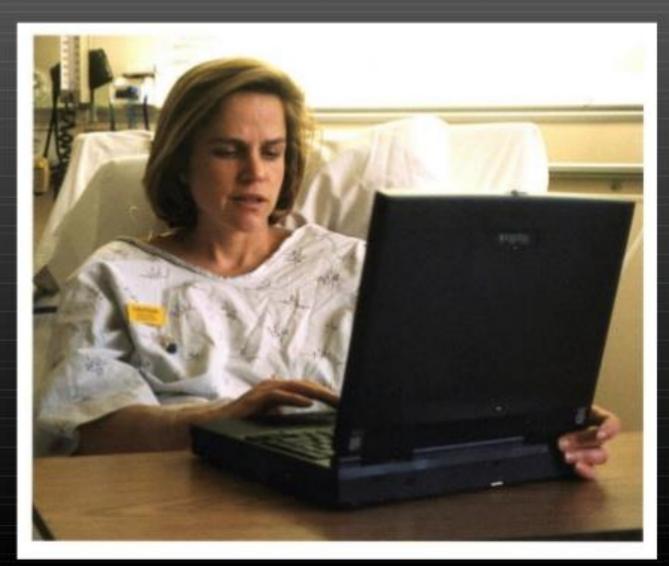
Speaker Honoraria

Aspen-GSK, Abbvie, Adcock-Ingram, Baxter, Roche, Janssen-Cilag, Mundipharma

Accomodation costs paid by Mundipharma – No influence on Content

The new paradigm: Outcomes

(Patient satisfaction, Functional recovery, Economics)



PreoperativeConsultation

- Human interaction
- Consults leading to law suits

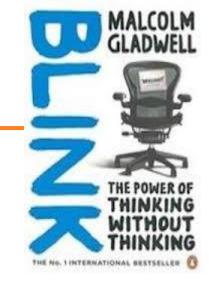
Careful choice of words

- Duration of consult: 15min vs. 18min
- Attitude of HCW: Rushed vs. Concerned
 - An Everyday Phrase May Harm Your Patients The Influence of Negative Words on Pain During Venous Clin J Pain 2012;28:324–328 Blood Sampling

Johannes Ott, MD,* Stefanie Aust, MD,* Kazem Nouri, MD,* and Regina Promberger, MD,†

- Comfort vs. Pain Scratch vs. Sting
- Try to choose the most positive
- Reinforce with body language
- Establish Physical contact





Consultation

- Positive consultation
- Explanation in understandable terms

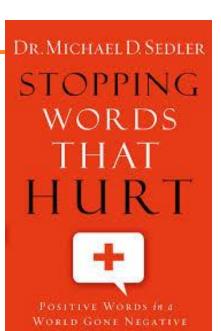
 Family Practice Vol. 21, No. 6 © Oxford University Press 2004, all rights reserved.
 Printed in Great Britain

 Doi: 10.1093/fampra/cmh610
 Family Practice Advance Access originally published online on 1 November 2004

The impact of matching the patient's vocabulary: a randomized control trial

Nigel Williams and Jane Ogden

Emphasise what CAN be done



• Self-care Emphasise YOUR Belief

1200

BRITISH MEDICAL JOURNAL VOLUME 294 9 MAY 1987

General practice consultations: is there any point in being positive?

K B THOMAS

The doctor himself is a powerful therapeutic agent¹; he is the placebo and his influence is felt to a greater or lesser extent at every consultation. Whether his power is enhanced or not by his being positive is the question this study set out to answer.

Pre-operative assessment Pain History

- Pain prior to surgery = worse postop pain
 - ✤ At surgical site: Breast Hernia
 - At distal site Arm pain after axillary dissection
 - ✤ ↑Intensity & Duration worse
- Complementary & Alternative Medicine
 - AcupunctureMindfulnessProblems



Pre-operative assessment Pain History

- Aromatase inhibitors
 - Highly Effective
 - Disabling arthralgia
- Acupuncture
 - Well-accepted
 - ✤ 225 patients
 - Equivocal



JAMA Published online August 8, 2018

Little harm / Potential Benefit
 – esp. with Clinician Belief

Pre-operative assessment Mindfulness

- Presence in the moment
 - No rumination on the past
 - Avoid catastrophising about the future

Catastrophising: Magnification Helplessness Can be measured http://sullivan-painresearch.mcgill.ca/research.php

- Can be applied acutely
 - Better for longer

Randomized Controlled Trial of Brief Mindfulness Training and Hypnotic Suggestion for Acute Pain Relief in the Hospital Setting

Eric L. Garland, PhD¹, Anne K. Baker, MSW¹, Paula Larsen, MSW², Michael R. Riquino, MSW¹, Sarah E. Priddy, MSW¹, Elizabeth Thomas, MSW¹, Adam W. Hanley, PhD¹, Patricia Galbraith, MSW², Nathan Wanner, MD³, and Yoshio Nakamura, PhD¹

REVIEW ARTICLE

Year : 2012 | Volume : 34 | Issue : 3 | Page : 204--217

Pain catastrophizing: An updated review

Lawrence Leung Indian Journal of Psychological Medicine

Pre-operative assessment Problems with CAM

- May delay appropriate therapy
 - ✤ Esp. in SA
- Vulnerable patients
 Depression
 - Loss of control Need to cope
- Signs of harm from CAM
 Expense Exclusivity

J Cancer Surviv. 2016 October ; 10(5): 850-864. doi:10.1007/s11764-016-0530-y.

Complementary and Alternative Medicine Use among US Cancer Survivors

Gabriella M. John, MS¹, Dawn L. Hershman, MD, MS^{1,2,3}, Laura Falci, MPH¹, Zaixing Shi, MS¹, Wei-Yann Tsai, PhD^{4,3}, and Heather Greenlee, ND, PhD^{1,3} survivors and cancer-free adults spent an annual estimated \$6.7 billion and \$52 billion out-ofpocket, respectively, on vitamins/minerals and CAM. Survivors spent 60% of the total on vitamins/minerals (\$4 billion), 18% (\$1.2 billion) on herbal/non-vitamin supplements, and 7% (\$0.5 billion) on massage.

Complementary and Alternative Medicine Use Among Patients With Cancer

A Challenge in the Oncologist-Patient Relationship

JAMA Oncology Published online May 12, 2016

JAMA Oncology | Original Investigation

Association Between Complementary and Alternative Medicine Use and Breast Cancer Chemotherapy Initiation The Breast Cancer Quality of Care (BQUAL) Study

Heather Greenlee, ND, PhD; Alfred I. Neugut, MD, PhD; Laura Falci, MPH; Grace Clarke Hillyer, EdD; Donna Buono, MS; Jeanne S. Mandelblatt, MD, MPH; Janise M. Roh; Isaac J. Ergas, MPH; Marilyn L. Kwan, PhD; Marion Lee, PhD; Wei Yann Tsai, PhD; Zaixing Shi, MS; Lois Lamerato, PhD; Lawrence H. Kushi, ScD; Dawn L. Hershman, MD, MS

Enhanced Recovery After Surgery FRAS

- Pioneered by Kehlet in Denmark
 - Colorectal surgery
- **General Principles**
 - Preoperative Counselling
 - Minimise fasting
 - Premedication
 - Normothermia
- Specific Principle
 - Local anaesthetic blocks
 - Paravertebral / PECS 1&2 / Wound catheter

Evidence-based review of enhancing postoperative recovery after breast surgery British Journal of Surgery 2011; 98: 181-196

R. Arsalani-Zadeh, D. ELFadl, N. Yassin and J. MacFie

Feed within 4 hours

Postop support

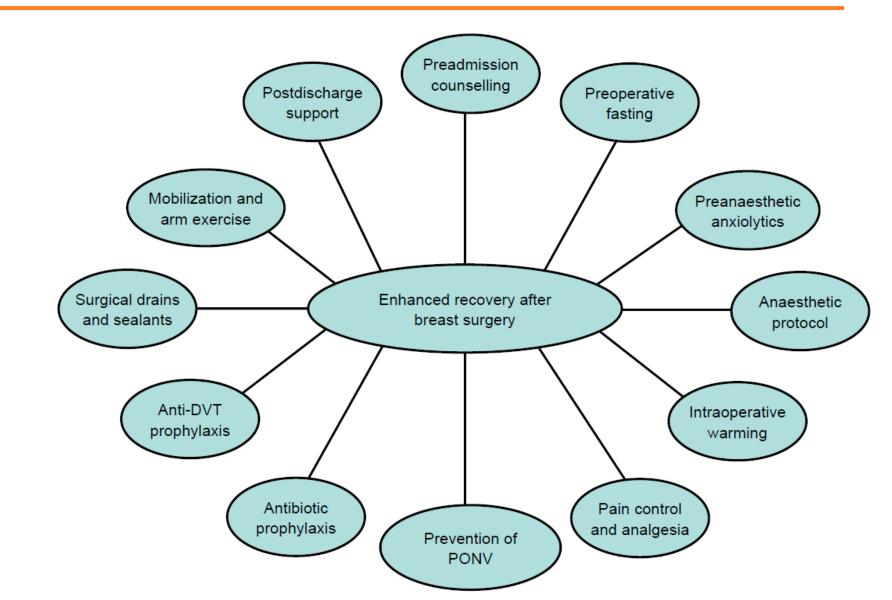
Prevent PONV

Improved analgesia and reduced post-operative nausea and vomiting after implementation of an enhanced recovery after surgery (ERAS) pathway for total mastectomy

Catherine Chiu¹, Pedram Aleshi¹, Laura J. Esserman², Christina Inglis-Arkell¹, Edward Yap¹, Elizabeth L. Whitlock¹ and Monica W. Harbell^{1*}

Chiu et al. BMC Anesthesiology (2018) 18:41

Enhanced Recovery After Surgery ERAS



Enhanced Recovery After Surgery ERAS

- Perioperative feeding
 - Minimise fasting
 - Solid food up to 6 hours [2200]
 - Fluids up to 2 hours [0600]
 - Feed within 4 hours
 - Fluids: offer but don't compel



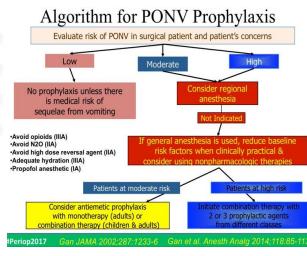
- Premedication

Anxiolytic (Lorazepam / Midazolam) if requested

Enhanced Recovery After Surgery ERAS

- Maintain normothermia
 - Minimise postop cooling
 - Intraoperative warming
 - Underbody Forced air
- Prevent PONV
 - ✤Assess Risk esp. motion sickness
 - Local anaesthetic blocks
 - Anaesthesia (Propofol vs. Volatile)
 - Pharmacologic esp. dexamethasone
 - ✤Opioid minimisation





Opioid Minimisation Opioid analgesia facilitates

✤ Fight or Flight: Acute pain inhibition

- Healing and recovery: Hyperalgesia
- Exogenous opioids
 - ✤ Vital component of pain relief
 - Unreasonably denied in many countries



- ✤ NOT the only option for managing severe pain
- May worsen / exacerbate pain / social functioning
- Risk of Hyperalgesia Dependence / Addiction
 - Different processing of endogenous / exogenous opioids
 - \diamond Synthetic opioids \checkmark receptors

British Journal of Anaesthesia 112 (6): 991–1004 (2014) doi:10.1093/bja/aeu137

Opioid-induced hyperalgesia in patients after surgery: a systematic review and a meta-analysis

D. Fletcher^{1,2,3*} and V. Martinez^{1,2,3}

Opioid Addiction

- Pain alters Opioid responses
 - ♦ Upioid reward/ euphoria
 - $\clubsuit \Psi$ Tolerance in pain studies
 - ♦ Dependence/ Withdrawal
- Discharge pain prescription
 - May not require opioids
 - Opioid prescription 10 days max
 - BEWARE request for repeat prescription

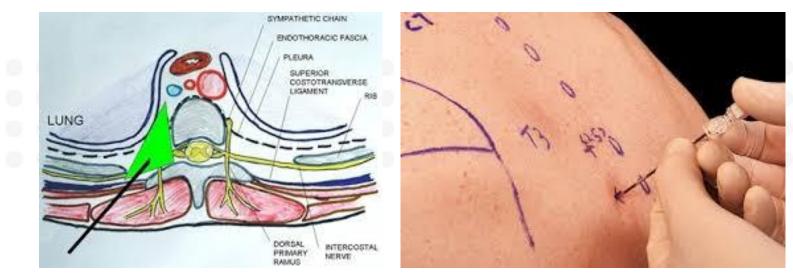
Curr Pain Headache Rep (2010) 14:17–21 DOI 10.1007/s11916-009-0086-x

Pain and Opioid Addiction: What is the Connection?

Adam J. Carinci • Jianren Mao

Regional Blocks

- Thoracic epidural Risk vs.Benefit
- Paravertebral block
 Single shot
- Paravertebral blocks and enhanced recovery after surgery protocols in breast reconstructive surgery: patient selection and perspectives lournal of Pain Research 2018:11 1567–1581
- Catheter superior
- Contralateral symmetrisation



Regional Blocks

- Ultrasound is a game-changer
- PECS 1 & 2 blocks

Pectoral Nerves I and II Blocks in Multimodal Analgesia for Breast Cancer Surgery A Randomized Clinical Trial

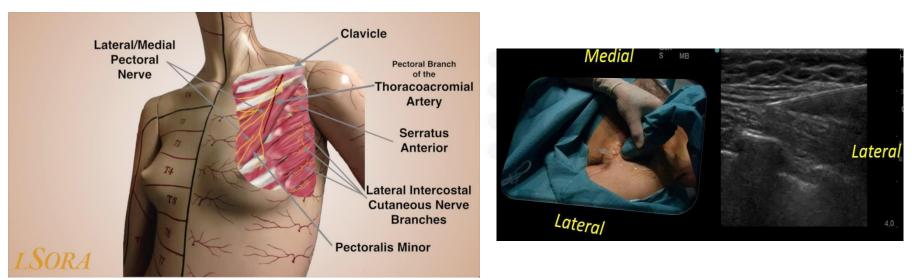
✤Single shot

Ghada Mohammad Nabih Bashandy, MD, and Dina Nabil Abbas, MD

(Reg Anesth Pain Med 2015;40: 68-74)

Catheter not feasible BUT long-lasting

Contralateral symmetrisation – Bilateral blocks



Failed Blocks

J P Mulier MD PhD Jan.mulier@azsintjan.be www.publicationslist.org/jan.mulier

- Opioid free anaesthesia still possible
- Applied successfully in Pretoria
- Multimodal using
 - Paracetamol NSAID (Coxib preferred)
 - Ketamine Dexmedetomidine
 - Lignocaine Magnesium
- Continuous infusion
 PCA pump
 - Elastomeric infusion pump



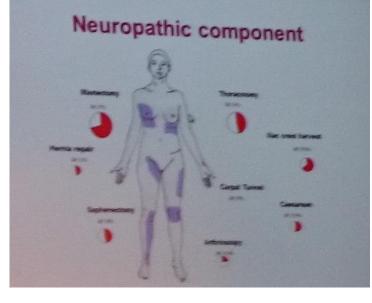




Surgical Risk

- CPSP Incidence

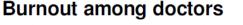
- ✤ Up to 80% Severe in 10%
- ♦ ADL / Work Health Costs
- Surgical Technique
 - Open Surgery
 - Identify & Preserve Nerves
 - Partial injury worse
- Neuropathic pain
 - ✤ ↑ Incidence / Severity / Duration



Chronic pain following breast surgery Techniques in Regional Anesthesia and Pain Management (2011) 15, 124-132 Chad M. Brummett, MD

Life stress

- SA Baseline stress
- Work stress Life-changing diagnoses Personal cost
- Monitor yourself Therapy is a GOOD thing
- Look after your colleagues



thebmi A system level problem requiring a system level response

BMJ 2017;358:j3360 doi: 10.1136/bmj.j3360 (Published 2017 July 14)

Jane B Lemaire *clinical professor*¹, Jean E Wallace professor²

¹Cumming School of Medicine, University of Calgary, Alberta, Canada; ²Department of Sociology, Faculty of Arts, University of Calgary

Southern African Journal of Anaesthesia and Analgesia 2015; 21(6):27-30 http://dx.doi.org/10.1080/22201181.2015.1102798

EDUCATION

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Burnout among anaesthetists in South Africa

Nicolaas van der Walt^a*, Juan Scribante^a and Helen Perrie^a

African Journal of Emergency Medicine (2014) 4, 167-169



EDITORIAL





Presentation & references at:

https://tinyurl.com/BIGOSA18

