



Tuesday – Saturday, November 19-23, 2024

*Minimal Invasive Transaxillary First Rib Resection Under Local
 And Regional Anesthesia For TOS: How To Do It, Limitations
 And Precautions*

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Disclosure

No conflict of interest related to this presentation

**Minimal Invasive Transaxillary First Rib Resection To Treat TOS
 A consolidated technique**

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ORIGINAL ARTICLE
 MISCELLANEOUS

**Thirty-year experience of transaxillary resection
 of first rib for thoracic outlet syndrome**

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 Domenico Spinelli, Rosalia Vigliotti, Francesco Spinelli


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Results in 109 Pts
100% Technical success
No need for additional or secondary approach

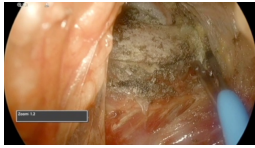
**Minimal Invasive Transaxillary First Rib Resection To Treat TOS
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Supine position with the arm wrapped up
 in a sterile drape and sustained by an assistant



A small (3-5 cm) skin incision
 at the base of the hairline between the posterior border of the
 pectoralis major muscle and the anterior border of the
 latissimus dorsi at the level of the third rib

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General Anesthesia – postoperative pain management


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Effective even in case of 7th Cervical Rib or pathologically fused ribs

10/23/2024, 10:00 AM
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Minimal Invasive Transaxillary First Rib Resection To Treat TOS
A consolidated technique



Minimal Invasive Transaxillary First Rib Resection To Treat TOS
Innovation of technique - Loco-Regional Anesthesia

J. Cardiothorac Vasc Anesth. 2021 Jul;35(7):2234-2236. doi: 10.1053/j.joca.2020.11.024. Epub 2020/10/19.

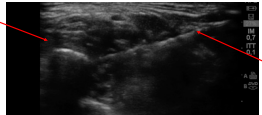
PECS II Block Combined with Supraclavicular Brachial Plexus Block Allows Anesthesia for Transaxillary Thoracic Outlet Syndrome Decompression Surgery

Fabio Costa ¹, Alessandro Stratta ², Giuseppe Pascarella ³, Eleonora Tomasselli ⁴, Monica Palmieri ⁵, Vincenzo Anzilli ⁶, Guido Martellone ⁷, Francesco Silla ⁸, Francesco Spinelli ⁹, Felice Eugenio Agui ⁹

Affiliations: 4 expanded
 PMID: 33209498 DOI: 10.1053/j.joca.2020.11.024

Since January 2021 shift to loco-regional anesthesia - Reported in July 2021


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Innovation of technique - Loco-Regional Anesthesia



Since January 2021 shift to loco-regional anesthesia

Supraclavicular Brachial Block M-SBP Block
 10 mL of 2% mepivacaine, reaching the brachial plexus and the first rib periosteum

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Innovation of technique - Loco-Regional Anesthesia



Since January 2021 shift to loco-regional anesthesia

The Pectoralis nerve and serratus plane nerve blocks II (PECS II)
 15 mL of 7,5% ropivacaine between the pectoralis minor muscle and the serratus anterior muscle

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Innovation of technique - Loco-Regional Anesthesia

J. Cardiothorac Vasc Anesth. 2021 Jul;35(7):2234-2236. doi: 10.1053/j.joca.2020.11.024. Epub 2020/10/19.

Retrospective study - We compared two groups
 PECS II Block Combined with Supraclavicular Brachial Plexus Block Allows Anesthesia for Transaxillary Thoracic Outlet Syndrome

The "GA" group underwent the intervention under general anaesthesia without regional blocks for analgesia

The "RA" group underwent the intervention with the combination of SBP block and the PECS II block, in spontaneous breathing, with deep sedation

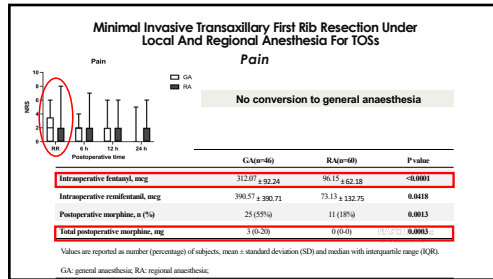
Minimal Invasive Transaxillary First Rib Resection Under Local And Regional Anesthesia For TOS
 106 consecutive pts between May 2019 and May 2024

	Control	RA+RB	P-value
Age (yr)	45.5 (s.d.)	39.2 (s.d.)	0.039
Sex (M/F)	11/9	21/14	0.048
BMI (kg/m ²)	22.6 (2.3)	21.1 (2.6)	0.007
ASA class (I/II)	12/20 (36%)	16/24 (40%)	0.443
ASA class (I/II)	14/20 (41%)	14/24 (58%)	0.001

No significant difference in demography

	Control	RA+RB	P-value
SBP	10.2 (3.0)	10.2 (3.0)	0.985
SBP at 15 min (mmHg)	10.2 (3.0)	10.2 (3.0)	0.985
SBP at 30 min (mmHg)	10.2 (3.0)	10.2 (3.0)	0.985
SBP at 45 min (mmHg)	10.2 (3.0)	10.2 (3.0)	0.985
SBP at 60 min (mmHg)	10.2 (3.0)	10.2 (3.0)	0.985
SBP at 75 min (mmHg)	10.2 (3.0)	10.2 (3.0)	0.985
SBP at 90 min (mmHg)	10.2 (3.0)	10.2 (3.0)	0.985
SBP at 105 min (mmHg)	10.2 (3.0)	10.2 (3.0)	0.985
SBP at 120 min (mmHg)	10.2 (3.0)	10.2 (3.0)	0.985
SBP at 135 min (mmHg)	10.2 (3.0)	10.2 (3.0)	0.985
SBP at 150 min (mmHg)	10.2 (3.0)	10.2 (3.0)	0.985
SBP at 165 min (mmHg)	10.2 (3.0)	10.2 (3.0)	0.985
SBP at 180 min (mmHg)	10.2 (3.0)	10.2 (3.0)	0.985
SBP at 195 min (mmHg)	10.2 (3.0)	10.2 (3.0)	0.985
SBP at 210 min (mmHg)	10.2 (3.0)	10.2 (3.0)	0.985
SBP at 225 min (mmHg)	10.2 (3.0)	10.2 (3.0)	0.985
SBP at 240 min (mmHg)	10.2 (3.0)	10.2 (3.0)	0.985
SBP at 255 min (mmHg)	10.2 (3.0)	10.2 (3.0)	0.985
SBP at 270 min (mmHg)	10.2 (3.0)	10.2 (3.0)	0.985
SBP at 285 min (mmHg)	10.2 (3.0)	10.2 (3.0)	0.985
SBP at 300 min (mmHg)	10.2 (3.0)	10.2 (3.0)	0.985

Values are reported as number (percentage) of subjects unless indicated otherwise. SBP, systolic blood pressure; RA, ropivacaine; RB, ropivacaine; SBP, systolic blood pressure; ASA, American Society of Anesthesiologists.

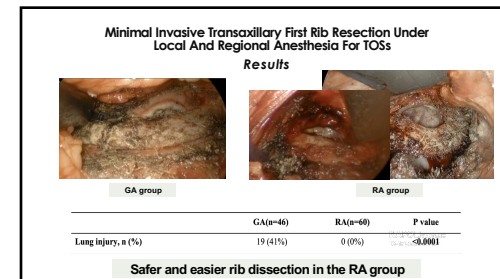
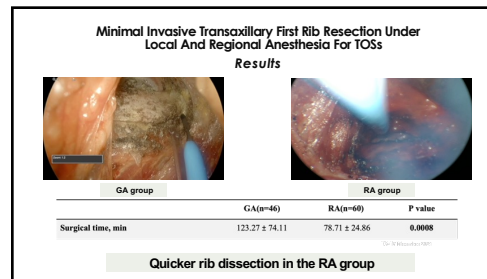
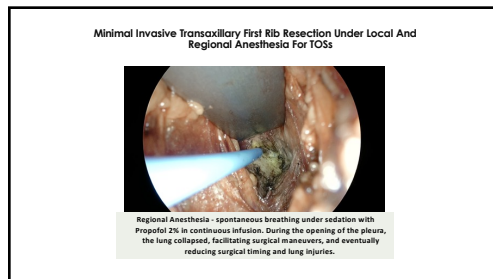
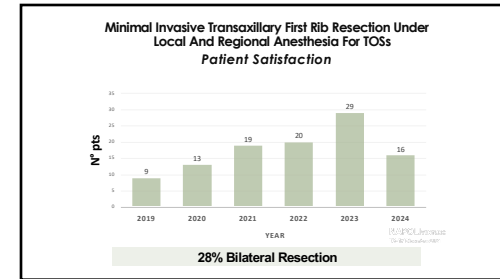


Minimal Invasive Transaxillary First Rib Resection Under Local And Regional Anesthesia For TOSs

Surgery

	GA(n=46)	RA(n=60)	P value
Resected ribs, n (%)	123.27 ± 74.11	78.71 ± 24.86	0.0008
Lung injury, n (%)	19 (41%)	0 (0%)	<0.0001
LOS in hospital, days	4.46 ± 2.62	3.18 ± 1.41	0.0026
PONV, n (%)	14 (30.4%)	6 (10.0%)	0.0012
Emesis, n (%)	1 (2.1%)	2 (3.3%)	0.6387

Values are reported as number (percentage) of subjects and mean ± standard deviation (SD). GA: general anaesthesia; RA: regional anaesthesia; LOS: length of stay; PONV: postoperative nausea and vomiting.



CONCLUSIONS

Better pain control due to Regional Block

Quicker, easier, and safer surgical technique

High Patient Satisfaction

Limitations of the study: small study sample, retrospective nature