Office anesthesia for breast augmentation made easy

Michael Bell MD FRCSC FACS

The use of neuroleptic anesthesia for outpatient surgery is safe and well documented (1), and allows one to administer local anesthesia to the most sensitive areas in large volumes with complete patient comfort. The great advantage of local anesthesia is its long duration after the surgery, so that pain is minimized even after the systemic anesthetic wears off (2,3).

After experience in doing 1200 breast reduction procedures using 1/3% xylocaine with adrenaline 1:1000,000, I, along with Rosaeg et al (3), have expanded this method to breast augmentation.

The identical solution has been used in both operative procedures. In the case of breast augmentation, the proposed inframammary fold is carefully marked and infiltrated with 1/3% xylocaine with adrenalin on each side after the induction of neuroleptic anesthesia.

A trochar is used to make a small entry hole. A 15 cm-long, 2 mm cannula is then used to infiltrate the subpectoral or submammary plane, or both, as desired. Approximately 150 mL of the solution is injected with a 20 mL syringe into each side.

Once anesthesia is complete, the chest is then prepared and draped in the usual manner, and the operation proceeds.

Not only does the hydrodissection help with the plane of surgery, it reduces oozing and provides quite prolonged anesthesia (in the range of 6 h or 7 h). Our earlier study (3) of

breast reduction surgery and postoperative visual analogue scale scores confirmed the benefit of this type of anesthesia. The morphine consumption in the recovery room was, in fact, one-half of the control group when using this solution for breast reduction surgery. We have not performed a randomized comparative study for breast augmentation; it seems quite inappropriate, knowing how well the principle is established.

We have used this technique for the past 12 years, with experience in over 300 cases. We have experienced no complications with the use of this type of anesthetic and have exceedingly high patient satisfaction rates. Initially, we did have a 20 mL syringe with additional anesthetic solution on the back table, but we have stopped doing this because we have not required it. This is a very safe and reliable technique, and highly recommended as a means of simplifying outpatient breast augmentation surgery.

REFERENCES

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The Ottawa Hospital, Ottawa, Ontario

Correspondence and reprints: Dr Michael Bell, The Ottawa Hospital, 402-1919 Riverside Drive, Ottawa, Ontario K1H 1A2.

Telephone 613-739-5424, fax 613-739-7168, e-mail msgbell@cyberus.ca