**INTRODUCTION**
- Opioid dependence is a growing epidemic in our nation.
- Physicians across specialties are seeking to minimize prescription of narcotic pain medications by adopting multimodal analgesic modalities.
- Optimal pain control to facilitate rehabilitation promoting return to activities of daily living remains a priority.

**METHODS**
- Retrospective cohort study.
- All mastectomies by single surgeon.
- Tertiary hospital.
- Patient cohorts:
  - Before vs After pec block protocol.
- Inclusion criteria:
  - Females with breast cancer opting for mastectomy as surgical treatment.
  - 18 to 74 years of age.
- Primary outcomes:
  - Postoperative morphine equivalents.
  - Postoperative pain scale ratings.
- Secondary outcomes:
  - Postoperative supplemental oxygen.
  - Ambulation.
  - Oral intake.
  - Nausea.
  - Emesis.
  - Orientation.
  - Duration in PACU.

**RESULTS**
- Demographics:
  - **Pec block**: 47.7% (n=42 of 88)
    - Age 66y (Q1 65y, Q3 70y)
  - **No block**: 52.3% (n=46 of 88)
    - Age 67y (Q1 63y, Q3 68y)
- Morphine milligram equivalents in 23-hour postoperative period:
  - **Pec block**: 23.9 mme 95%CI 17.5-32.5
  - **No block**: 20.3 mme 95%CI 15.0-30.0
  - p=.258
- Duration of PACU stay:
  - **Pec block**: 74 min 95%CI 69-79 min
  - **No block**: 118 min 95%CI 86-164 min
  - p=.001
- Requiring supplemental oxygen upon arriving to the floor:
  - **Pec block**: 19.0% n=8 of 42
  - **No block**: 60.9% n=28 of 46
  - p=.001 OR 6.3
- Requiring supplemental oxygen at discharge:
  - **Pec block**: 0.0% n=0 of 42
  - **No block**: 17.4% n=8 of 46
  - p=.005 OR 18.8
- Cost difference:
  - **Pec block**: $688.96
  - **No block**: $944.00
  - Difference $255.04

**CONCLUSIONS**
- Intraoperative pectoral nerve blocks are an effective component of multimodal analgesic therapy for mastectomy.
- Decreased postoperative duration in the PACU.
- Decreased supplemental oxygen requirement on the floor.
- Decreased supplemental oxygen requirement at discharge.
- Dramatically shortened stay in the PACU translates into cost savings for the healthcare system and increased efficiency by facilitating operating suite throughput.
- Localized administration of analgesics minimized systemic effects of otherwise enteral or parenteral administration, which could have contributed to demonstrated improved postop respiratory performance.
- Data support the continued utilization of this intraoperative pectoral nerve block protocol. Further prospective long-term study is necessary to elucidate the possible contribution of confounding variability in other clinical practices across the timespan of these cohorts.