

EDITORIALS

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The Underrated Burden of Post-Mastectomy Pain: A Call for Long-Term Surveillance and Holistic Care

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Dear Editor

We read with great interest the recent article by Eljuga et al. entitled “Regional anesthesia without opioid administration in mastectomy surgeries followed by breast reconstruction with implants: a randomized controlled study” published in the *Croatian Medical Journal* [1]. The study contributes valuable insight into the use of opioid-sparing techniques in breast surgery, and we commend the authors for this timely investigation.

However, we believe that the study design may have underestimated a clinically significant outcome—chronic post-mastectomy pain (CPMP). The authors assessed postoperative pain at only 10 days post-surgery. In our view, this evaluation window is too short to meaningfully address chronic pain, which can persist for months or years after mastectomy and is known to affect 25% to 50% of patients [2, 3].

Studies have emphasized the need for long-term follow-up to evaluate whether regional anesthesia impacts not only acute but also chronic pain outcomes [4]. Moreover, recent findings suggest that both the type and timing of perioperative analgesia may influence central sensitization and risk for CPMP [5].

We recommend that future trials assessing analgesic strategies in breast surgery include follow-up periods ranging from three to twelve months postoperatively, and incorporate validated chronic pain assessment tools such as the Brief Pain Inventory (BPI) or McGill Pain Questionnaire. This approach would better determine the long-term effectiveness of opioid-sparing anesthesia techniques and enhance the comparability of findings across studies.

References

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