**Evidence Profile: Regional anesthesia block for patients having surgery for breast surgery.**

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| Outcomes | Limitations | Inconsistency/Heterogeneity | Indirectness | Imprecision | Publication bias  | Mean difference orOdds Ratio[95% Confidence Interval] | Number of participants (studies)  | Quality or certainty of the evidence(GRADE)  |
| Pain during mobilization at 24h, assessed with VAS score: 0 – 100 mm (worst)  | Inconsistent descriptions of steps taken to blind patients and personnel. | Non-overlapping confidence intervals; I2 Test forHeterogeneity 88% and P-value< 0.0000 | Potential indirectness1  | Not detected | Not detected | -7.2 (-11.5, -2.8) | 760(9 studies) | ⨁⨁◯◯LOW  |
| Oral Morphine equivalent consumption, 24 h (mg) | No serious limitations | Non-overlapping confidence intervals; I2 Test forHeterogeneity 97% and P<0.00001 | Potential indirectness1 | Not detected | Not detected | -14.4 [-21.1, -11.2] | 665 (7 studies) | ⨁⨁⨁◯MODERATE |
| Opioid-related side-effects  | No serious limitations | Low test for heterogeneity | Potential indirectness1 | Not detected | Not detected | OR 0.50 [0.28, 0.66] | 760(9 studies | ⨁⨁⨁⨁HIGH |
| Quality of recovery 15 at 24 h: (0-150. 150=best recovery | No serious limitations | Low test for heterogeneity, not downgraded | Potential indirectness1 | Optimal information size not met.  | Not detected | -7 (-20, 5)  | 173(2 studies) | ⨁⨁◯◯LOW  |
| Brief Pain Inventory at 24 h | No serious limitations | Not detected | Potential indirectness1 | Not detected | Not detected | 14 (0, 24) | 173(2 studies) | ⨁⨁⨁◯MODERATE |
| Serious Adverse Events  | Inadequate outcome definition and capture | High reporting heterogeneity reporting, underreporting likely  | Not detected | Not detected | Not detected | OR 0.76[0.20, 8.05]  | 585(6 studies) | ⨁◯◯◯VERY LOW 1 |
|  Length of stay (days) | No serious limitations | In outcome reporting | Potential indirectness1 | Not detected | Not detected | -1 (-2 – 0) | 173(2 studies) | ⨁⨁◯◯LOW  |

1. Direct evidence consists of research that directly compares the interventions which we are interested in, delivered to the populations in which we are interested, and measures outcomes important to patients. Indirectness may be present because patients recruited to studies were mostly having non-tissue preserving breast surgery compared to tissue preserving breast surgery and/or breast surgery with reconstruction likely in modern practice.