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Preoperative Infiltration With Lidocaine and Epinephrine for Breast Reduction

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Sir:

We read with great interest the article "Preoperative Injection Using a Diluted Anesthetic/Adrenaline Solution Significantly Reduces Blood Loss in Reduction Mammoplasty" (*Plast. Reconstr. Surg.* 102: 373, 1998) by Wilmink, et al. We would like to compliment the authors on a well-written article, and we would like to submit our own experience on the subject.

We have been using preoperative infiltration with lidocaine and epinephrine in breast reduction since 1984. The injection fluid we use is a 0.5% lidocaine solution with 1:400,000 epinephrine, as opposed to the 0.25% prilocaine solution with 1:800,000 epinephrine used by the authors. We inject 60 ml of this solution into each breast, 15 minutes before the beginning of the operation, in the sites mentioned by the authors. Blood loss has been minimal, and the inclusion of lidocaine in the solution allows for a more superficial anesthesia. All operations were performed as day cases, and all patients were discharged 12 to 24 hours after the operation. In the cases in which we use adjuvant liposuction to make the breast smaller and to reduce lateral breast fullness, instead of the above-mentioned solution, we use Klein's solution.

We would also like to refer to a recent article by Samdal et al.² on lidocaine plasma levels. According to the authors of this article, the maximum dose of lidocaine recommended by Astra Pharmaceutical (7 mg/kg or 500 mg as a total dose) is based mainly on studies using lidocaine in epidural, caudal, intercostal, and peripheral nerve blocks, and it can be safely exceeded. In fact, the authors of that article² used up to five times the recommended maximum dose of 7 mg/kg (35 mg/kg), without observing toxic symptoms.

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