

**Background and Goal of Study** PROSPECT is a web-based initiative ([www.postoppain.org](http://www.postoppain.org)), which provides procedure-specific recommendations for postoperative pain. This review aimed to determine whether paravertebral block (PV) and thoracic epidural analgesia (TE) were comparable for the management of pain following thoracotomy.

**Materials and Methods** Systematic literature review (1966–May 2004), using the Cochrane protocol. Criteria: randomised controlled trials of PV (local anaesthetic (LA)) or TE (LA + opioid) vs. control, or PV vs. TE, at comparable times of administration in each group; adult thoracotomy; VAS pain scores at rest [R], on coughing [C] and/or on movement [M].

**Results and Discussions** Table: Net analgesic effect of PV and TE vs. control and each other (n=number of studies)

<i>Comparison</i>	<i>VAS 0–6 h</i>	<i>VAS 8–12 h</i>	<i>VAS Day 1</i>	<i>VAS Day 2</i>	<i>VAS Day 3</i>
<u><i>PV (LA) vs. control</i></u> (n=8)	R* C* M*	R* C* M*	R* C* M*	R* C*	R* C*
<u><i>TE (LA + opioid) vs. control</i></u> (n=7)	R* C* M*	R* C (1/2) M*	R* C* M*	R (3/6) C* M*	R* C* M*
<u><i>TE (LA) vs. PV (LA)</i></u> (n=5)	R – C –	R – C –	R – C –	R – C –	

Majority of studies show significant benefit of treatment over control (\*), except where indicated (positive studies/total studies); (–) indicates no overall benefit of either TE or PV.

PV (LA) was associated with decreased incidence of hypotension (2 studies), urinary retention (1 study), and PONV (1 study), and improved pulmonary function (2/3 studies), compared with TE (LA).

**Conclusion(s)** TE (LA + opioid) and PV (LA) are both effective for reducing pain after thoracotomy, but further comparative studies are necessary to evaluate the gold standard for post-thoracotomy pain.

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