duration and onset time. More and larger studies are needed to confirm these results and examine the device’s safety features.

**Abstract B39**

**COMPARATIVE EVALUATION OF CONTINUOUS VERSUS INTERMITTENT BOLUS TECHNIQUES IN ULTRASOUND GUIDED ERECTOR SPINAE BLOCK IN MASTECTOMY SURGERY – A RANDOMISED CONTROLLED TRIAL**

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**Background and Aims** Single shot erector spinae plane (ESP) block provides good analgesia in breast surgeries in immediate postoperative period but not sufficient enough in late postoperative period. Hence, catheter placement after ESP block (novel technique) becomes advantageous in providing long lasting analgesia.

**Methods** 50 patients were recruited after getting ethical clearance from institute ethics committee. 30 minutes before surgery, ultrasound guided ESP block was performed at T4 level in all patients with a bolus of 20 ml of 0.375% ropivacaine and a catheter is placed. After GA, all patients were shifted to PACU where they were randomized into two groups (Group C – Continuous infusion of 0.2% ropivacaine @5 ml/hour × 24 hours, Group I- Intermittent bolus of 20 ml of 0.2% ropivacaine q4h × 24 hours). Rescue analgesia was given by intravenous fentanyl through PCA pump.

**Results** Our study results show that group I patients had reduced postoperative fentanyl consumption (150 mcg (IQR 50–200) vs 275 mcg (IQR 150–450)) and lower NRS scores (on movement) at 1h, 2h, 4h, 6h with higher mean QoR-15 score (134.4 vs 127) and first rescue analgesia duration (60 VS 40 mins) compared to group C. 30-min dermatomal sensory coverage was seen over T3-T6 in all patients. 24 hours dermatomal coverage (Paravertebral: T2-T7 vs T3-T5, Midaxillary: T3-T7 vs T4&5, Parasternal: T3-T6 vs T4) was wider in group I compared to group C.

**Conclusions** Programmed intermittent bolus technique after ESP block provides decreased opioid consumption, better postoperative analgesia and quality of recovery compared to continuous infusion technique in patients undergoing mastectomy.