Results

34 consultants completed the survey. 100% of respondents stated their department use single-shot FIB and, when used, it was usually by members of the emergency department (ED) team (82%) and without ultrasound (82%). No respondents stated their department use continuous FIB in the ED for NOF fractures.

Background and Aims

Nowadays, even major abdominal surgeries are performed laparoscopically. However, patients complain for severe postoperative pain and the role of the anesthesiologist for its effective management remains crucial. In this case series, we evaluated the efficacy of continuous bilateral Erector Spinae Plane Block (ESPB) for the management of perioperative pain of patients undergoing major laparoscopic abdominal surgery.

Methods

We enrolled four patients undergoing laparoscopic pancreatectoduodenectomy, laparoscopic hepatectomy and laparoscopic Nissen fundoplication surgery. Ultrasound-guided ESPB was performed in all patients 30 minutes before induction of general anesthesia at T9 level. Ropivacaine 0.375% (20 ml) was infused at each side 30 minutes before the induction of general anesthesia and Ropivacaine 0.2% (20 ml) was infused at each side 12, 24, 36 and 48 hours after surgery through continuous infusion catheters. Intraoperative monitoring of the patients included BIS and NOL monitors for the management of intraoperative depth of anesthesia and analgesia, respectively.

Results

All patients remained stable and no complications were recorded. The mean intraoperative remifentanil administration was 0.02 mcg/kg/min. Postoperative analgesia included paracetamol 1000 mgx4 and ropivacaine infusion from ESPB catheters. No opioids were administrated to the patients postoperatively. NRS scores at several time points after surgery were <3. All patients were mobilized the day after surgery and their mean satisfaction score regarding their perioperative analgesia was 5.5 out of 6.

Conclusions

ESPB performance is an innovative and simple method which can be a game-changer in improving the quality of perioperative analgesia, while it contributes in achieving enhanced recovery to patients undergoing major laparoscopic abdominal surgeries.

Background and Aims

Due to paucity of information and the fact that most of the work done was related to dental work(1). We investigated the haemodynamic changes associated with the use of adrenaline containing local anaesthetics and whether those changes are more prominent in hypertensive patients.

Methods

We carried out a service evaluation project (July 2019- July 2020) we prospectively collected data of 46 patients who underwent elective upper limb surgeries under regional blocks. Interscalene, supraclavicular and axillary blocks were used with or without midazolam sedation (doses up to 3mgs). 34 patients had adrenaline containing local anaesthetics in their blocks. Eleven patients of this group had a history of hypertension.