

Methods This study is a double-blinded, randomized, controlled, prospective study, submitted to clinicaltrials.gov (NCT04879004). 30 patients scheduled for OC and LC were randomized into 4 equal groups. If the patient was randomized in Group R_L or R_O, Ropivacaine 0.375% (20 ml) was infused at each side 30 minutes before induction of GA and 0.2% (20 ml) 12, 24, 36 and 48 hours after surgery. If the patient was randomized in Group C_L or C_O, N/S 0.9% (20 ml) was infused in the same manner. We recorded QoR score on the 3d postoperative day, satisfaction score and discharge time of patients. Statistical analysis was performed with JamoviVersion1.6.18.0, using MannWhitneyU test.

Results All groups were similar. No statistically significant differences were found between groups R_L and C_L regarding QoR, satisfaction score and discharge time of the patients (p=0.061, p=0.061, p=0.704 respectively). Regarding OC, QoR score and satisfaction score of the patients were significantly higher in Group R_O when compared to C_O (p=0.002 and p=0.042 respectively). There was found no statistically significant difference between these groups regarding discharge time of the patients (p=0.122).

Conclusions In this study, we confirmed that ESPB is an effective method which contributes to the improvement of QoR and satisfaction score of patients undergoing OC.

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ISOLATED INTERSCALENE CATHETER VS COMBINED ANAESTHESIA FOR TOTAL SHOULDER REPLACEMENT IN HIGH RISK PATIENTS

¹A Schaffler, ²L Vaz Rodrigues, ³H Bomberg, ⁴F Mongelli, ⁵A Saporito, ³U Eichenberger, ³J Aguirre. ¹University Hospital Zürich/Anaesthesiology, Zürich, Switzerland; ²University Hospital Porto/Anaesthesiology, Porto, Portugal; ³Balgrist University Hospital Zürich/Anaesthesiology, Zürich, Switzerland; ⁴Regional Hospital Bellinzona/Surgery, Bellinzona, Switzerland; ⁵Regional Hospital Bellinzona/Anaesthesiology, Bellinzona, Switzerland

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Background and Aims This study compares the perioperative complication rates of interscalene brachial plexus catheters (ISC) alone compared to the combination with general anaesthesia (GA) for total shoulder replacement in high risk patients.

Methods 196 patients (ASA≥III), undergoing elective total shoulder replacement between 2014 and 2020 were included retrospectively. The data of 107 patients scheduled for isolated ISC were compared to those of 89 patients with planned GA in addition to ISC. Cardiovascular complications are defined as a decrease in MAP >20% of preoperative MAP, hypertension and tachycardia requiring therapy. Logistic regression analysis was used to calculate univariable and multivariable odds ratios (OR; 95% confidence interval).

Results The ISC group showed a significantly better hemodynamic stability during surgery with less vasopressor consumption (Ephedrine-Bolus:31% vs. 73% p<0.001, Norepinephrine/Phenylephrine Bolus: 7% vs. 35% p< 0.001) and less volume supplementation (1069 ml ±463 vs 1308 ±501 p<0.001). Relevant hypotension occurred less frequently (35% vs 82% p < 0.001). (1) Regarding postoperative complications, we found a decreased risk of respiratory (4% vs. 12% p < 0.02) as well as cardiovascular complications (15% vs. 38% p < 0.001) in the ISC group. (3) General anaesthesia remained an independent risk factor for cardiovascular complications after the adjustment for potential confounders (OR: 5.9; 95% CI 2.4- 14.1).

Abstract B129 Table 1

	Interscalene catheter		p-value
	Sedated (n=107)	Intubated (n=89)	
Preoperative			
ASA III (%)	96 (90)	85 (96)	0.1
ASA IV (%)	11 (10)	4 (4)	0.1
female (%)	56 (52)	56 (63)	0.1
Age (yrs)	74±9	70±9	<0.001
Body mass index (kg/m ²)	28±6	32±8	0.001
Arterial Hypertension (%)	85 (97)	71 (80)	0.9
Arrhythmia (%)	27 (26)	19 (21)	0.5
Oral coagulation (%)	31 (29)	21 (24)	0.4
Coronary artery disease (%)	31 (29)	16 (18)	0.1
CVI/CVD (%)	21 (20)	9 (10)	0.1
COPD/Asthma (%)	39 (36)	25 (28)	0.2
OSAS (%)	15 (14)	18 (20)	0.3
Diabetes mellitus Typ II (%)	24 (22)	25 (28)	0.4
Renal failure (%)	24 (22)	16 (18)	0.4
preop Opioids (%)	16 (15)	16 (18)	0.6
Intraoperative			
Duration of surgery (min)	100±27	107±34	0.11
Duration of anaesthesia (min)	235±42	242±46	0.25
Invasive monitoring (%)	18 (17)	37 (42)	<0.001
Volume (ml)	1069±463	1308±501	0.001
Blood loss (ml)	355±246	327±200	0.4
Decrease MAP >20% of initial MAP (%)	37 (35)	73 (82)	<0.001
Ephedrine Bolus (%)	33 (31)	65 (73)	<0.001
Norepinephrine/Phenylephrine Bolus (%)	7 (7)	30 (34)	<0.001
Postoperative			
PONV (%)	13 (12)	17 (19)	0.2
Cardiovasc. complications < 24h (%)	9 (8)	28 (31)	<0.001
Total cardiovasc. complications (%)	16 (15)	34 (38)	<0.001
Total bleeding complications (%)	11 (10)	5 (6)	0.2
Total respiratory complications (%)	4 (4)	11 (12)	0.02
Delir (%)	4 (4)	1 (1)	0.3
Severe pain (additional therapy e.g. ketamin) (%)	2 (2)	8 (9)	0.02
VAS >30 (< 24h) (%)	11 (10)	10 (11)	0.8
Regional anaesthesia associated complication (%)	0 (0)	3 (3)	0.05
Accidental ISC removal < 48h (%)	1 (1)	6 (7)	0.03

Conclusions Isolated ISC can be considered as superior to combined anaesthesia for total shoulder replacement (2) even in cardiovascular high-risk patients.

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ERECTOR SPINAE BLOCK FOR CONVENTIONAL CHOLECYSTECTOMY SURGERIES-DOES LOWER IS SUPERIOR?

¹O Gutnikovs*, ²A Meikalisa, ¹M Rikmane, ¹L Izare, ¹A Kagans, ^{2,1}A Ozolina. ¹Riga Eastern Clinical University Hospital Gaillezers, Department of Anaesthesiology, Riga, Latvia; ²Riga Stradins University, Riga, Latvia

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Background and Aims Laparotomic surgeries are still associated with severe pain. Numerous studies have shown erector spinae plane block(ESPB) efficacy at Th8 level for laparoscopic surgeries. In open abdominal surgeries, data are still spared. We report our initial experience with ESPB performed at Th8 and Th10 levels for postoperative analgesia after conventional cholecystectomies.

Methods 19 patients were randomly assigned into two groups. Laparotomic cholecystectomies were performed.

After surgery we performed right side ESPB either at Th8 (n=12) or Th10(n=7). All patients received Bupivacaine 1.5mg/kg in 40 ml saline for ESPB and Dexamethasone 0.1 mg/kg intravenously(i/v). Analgesia with paracetamol and dextropropofol were performed. Pain and opioid consumption were evaluated 1, 8, 24 hours after surgery.

Results We notice that pain scores at 8 and 24h were significantly lower if block was performed at Th10 level, results are shown in figure 1. Correlation was significantly negative between level of block and pain scores after 8 and 24 hours [r=-0.5;p=0.03,r=-0.75;p=0.0002].

Nine patients 1h after surgery reported no pain and had no NRS>4 for the next 24h, 42%(N=3) had block at Th8 and 86%(N=6) at Th10 level; p=0.06. Nine patients experienced pain (NRS 5–6) in drainage area. Of those 66%(N=8) who had block at Th8 level and only 14%(N=1) at Th10 level; p=0.03. There were no complications of ESPB.