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 no 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.

B129 ISOLATED INTERSCALENE CATHETER VS COMBINED ANAESTHESIA FOR TOTAL SHoulder REPLACEMENT IN HIGH RISK PATIENTS

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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).

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

B130 ERECTOR SPINAe BLOCK FOR CONVENTIONAL CHOLECYSTECTOMY SURGERIES-DIeS LOWER IS SUPERIOr?

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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 postoperative analgesia after conventional cholecystectomies. The aim of the study is to investigate the efficacy of 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 1.5 mg/kg in 40 ml saline for ESPB and Dexamethasone 0.1 mg/kg intravenously(iv). Analgesia with paracetamol and dexametoprone 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.
Background and Aims Arteriovenous fistulae (AVF) remain the gold standard vascular access for haemodialysis (HD) in end-stage renal failure (ESRF) patients. Operatively they can be formed under local anaesthesia (LA), regional anaesthesia (RA) and general anaesthesia (GA). RA may confer several advantages, including AVF patency benefits compared to LA [1] and decreased hospital admission compared to GA [2]. However, RA may not be the anaesthesia modality preferred by patients. Currently our service allows a combination of LA, RA and GA, depending on patient selection and staff skill mix. We aim to explore patient experience and recovery and evaluate our service, in the RA arm.

Methods We surveyed patients that consented over a one month period prospectively, using the Quality of Recovery 15 (QoR-15) questionnaire following AVF formation under RA, a tool validated for analysis of post-operative recovery. Since each patient’s experience is unique, we also supplemented the QoR-15 with three additional free text questions: 1. What did you think about your anaesthetic/nerve block?; 2. What was good about your anaesthetic/nerve block?; 3. What was bad about your anaesthetic/nerve block?.

Results There was a high frequency of 0/10 answers to questions 11. and 12. about moderate and severe pain in the 24 hours post-surgery. In addition, patients reported being pleasantly surprised by the experience, including being "very smooth" and being "able to joke" with the team.

Conclusions RA may be a good option for patients undergoing AVF formation, despite possible pre-conceptions. We aim to increase our sample size in order to better validate our results.