with clear instructions regarding management and escalation pathways is required.

Background and Aims Pain after cesarean section (CS) has a somatic and a visceral component. Insufficient pain control in the postoperative period compromises recovery and increases the risk of developing chronic pain. The quadratus lumborum block (QL) is a fascial plane block with a potential capability to provide visceral and somatosensory analgesia. This effect is probably due to the spread of the local anesthetic beyond the transversus abdominis plane into the paravertebral space.

The aim of this study was to compare the analgesic efficacy of QL block with the transversus abdominis plane (TAP) and the iliоinguinal-iliohypogastric (IL-IH) blocks in women undergoing CS.

Methods A retrospective study was performed including women from 2015 to 2022 who underwent spinal anesthesia for CS combined with QL, TAP or IL-IH blocks for postoperative analgesia. The effectiveness of QL, TAP and IL-IH blocks was compared by using pain scores and requirement of rescue analgesia. This work was approved by the ethic committee.

Results A total of 255 women were enrolled for this study. At 24 hours after surgery, at rest, 97% of women experienced no pain or mild pain and 3% moderate pain. In movement, 75% presented no pain or mild pain, 21% moderate pain and 4% severe pain. Comparing the different blocks performed, no differences were found.

Conclusions Nerve block techniques as part of a multimodal analgesia strategy is associated with reduced pain scores in parturients undergoing CS. The results of this work suggest that QL, TAP and IL-IH blocks provide comparable postoperative analgesia.

Background and Aims Cardiac disease represents a challenge to anesthetists, particularly pathologies associated with low ejection fraction. Anesthetic management should focus on preventing intraoperative hypotension and increases in afterload and heart rate, while maintaining adequate levels of anesthesia. Central neuraxial blockade reduces afterload and improves cardiac output but is associated with hypotension. Regional anesthesia is associated with minimal hemodynamic changes while reducing pain and its side effects, namely increased myocardial work and oxygen demand, tachycardia and systemic vascular resistance.

Methods 43 years-old man, scheduled for femoral nailing and tibial osteosynthesis. Past history of idiopathic cardiomyopathy and a diagnosed ejection fraction of 23%, implanted CRT-D, and on the waiting list for a heart transplant. The defibrillating function was disabled preoperatively. Ultrasound guided femoral, obturator and sciatic nerve blocks were performed using ropivacaine 0,375%. A selective spinal block was performed with 5 mg of bupivacaine.

Results The patient was stable intraoperatively and then admitted to ICU for 24 hours, with an uneventful postoperative recovery. Reported pain management was satisfactory.

Conclusions A patient-centered, individualized anesthetic plan must consider patients’ comorbidities. Regional anesthesia plays an essential role in the management of patients with cardiovascular disease, as part of the analgesic plan and as a safer alternative to general anesthesia, avoiding its well-reported side effects. Peripheral nerve blocks can be used together with selective neuraxial blockade, reducing local anesthetic doses and sympathetic blockade.