development of prolonged ileus, need for urinary catheter and patient satisfaction were also assessed.

**Abstract B308 Figure 1**

**Results**

We observed a median LOS of 5 days in cohort 1 and 4 days in cohort 2 ($p = 0.07$). Applying a 5 day cut-off, cohort 2 yielded more patients with a LOS < 5 days ($p < 0.001$). In cohort 1 all patients needed a urinary catheter, in cohort 2 there were 2 ($p < 0.001$). The postoperative opioid consumption didn’t show significant differences; the intraoperative dose was significantly higher in cohort 2 patients ($p < 0.001$). Other secondary outcomes didn’t differ statistically.

**Abstract B308 Figure 2**

**Conclusions**

We showed tendency to shorter LOS with comparable pain scores. This study demonstrates that the analgesic quality of peripheral nerve block catheters in the abdominal wall and preperitoneal is equal to a thoracic epidural.

**Abstract B308 Table 1**

**Background and Aims**

Pain after inguinal hernia surgeries can lead to significant post-operative complications.

**Aim of this study was to compare the post-operative analgesic effect between USG guided trans-muscular, posterior and lateral approaches of the quadratus lumborum block in adult patients undergoing unilateral hernia surgery.**

**Methods**

Sixty ASA I/II adult patients scheduled for unilateral inguinal hernia surgery were recruited.

Group I: Trans-muscular approach

Group II: Lateral approach

Group III Posterior approach

Subarachnoid block was given with 18 mg of 0.5% heavy bupivacaine in all patients. USG guided QL block was given by experienced anaesthesiologist once the surgery was completed. Pain was assessed with a Numerical rating scale (NRS) at rest and with movement.

**Results**

There were significant differences in the median NRS scores ($p < 0.001$), worst NRS scores ($p < 0.001$) and median dynamic NRS scores ($p < 0.001$) between transmuscular, anterior and posterior approaches of the quadratus lumborum block. Postoperative analgesia requirement was highest in the anterior approach (180 mg [120, 200]) followed by posterior approach (140 mg [120, 160]) and was least in transmuscular approach (100 mg [100, 100]). A significant difference ($p < 0.001$) was observed in the time required for rescue analgesia between transmuscular, anterior and posterior approaches of the quadratus lumborum block. Postoperatively, earliest requirement of analgesia was found in the anterior approach (8 hours [8, 9]) followed by posterior approach (10 hours [10, 12]). In transmuscular approach, analgesia was required postoperatively after 13 hours [12, 14], postoperatively.

**Conclusions**

Transmuscular QL block is better in providing postoperative analgesia in adult patients undergoing inguinal hernia surgeries.

**Abstract B308 Table 1**

**Primary and secondary outcome parameters**

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Cohort 1</th>
<th>Cohort 2</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission duration, days: median (range)</td>
<td>4 (3–7)</td>
<td>4 (3–7)</td>
<td>0.07</td>
</tr>
<tr>
<td>Admission less than 5 days: number (%)</td>
<td>8 (13%)</td>
<td>15 (25%)</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td>Perioperative fentanyl, mg: mean (SD, range)</td>
<td>279 (95, 533-550)</td>
<td>334 (153, 250-900)</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td>Postoperative opioid (morphine or oxycodone mg: median (range))</td>
<td>7.5 (2-28)</td>
<td>7.5 (0-140)</td>
<td>0.77</td>
</tr>
<tr>
<td>Recovery room time, minutes: mean (SD)</td>
<td>90 (36, 45-150)</td>
<td>100* (27.5, 54-167)</td>
<td>0.29</td>
</tr>
<tr>
<td>Duration until chair sitting, hours: median (range)</td>
<td>2 (2)</td>
<td>2 (2)</td>
<td>n.a.</td>
</tr>
<tr>
<td>Urinary catheter: number (%)</td>
<td>25 (100%)</td>
<td>2 (8%)</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td>Urinary catheter duration, hours: median (range)</td>
<td>10 (2-12h)</td>
<td>10 (2-12h)</td>
<td>0.48</td>
</tr>
<tr>
<td>Postoperative: number (%)</td>
<td>2 (8%)</td>
<td>0</td>
<td>0.49</td>
</tr>
</tbody>
</table>

**Abstract B308 Figure 1**

**Abstract B308 Figure 2**

**Conclusions**

We showed tendency to shorter LOS with comparable pain scores. This study demonstrates that the analgesic quality of peripheral nerve block catheters in the abdominal wall and preperitoneal is equal to a thoracic epidural.

**B309**

**COMPARISON OF ANTERIOR, POSTERIOR AND LATERAL APPROACHES OF ULTRASOUND GUIDED QUADRATUS LUMBORUM BLOCK IN INGUINAL HERNIA SURGERY: A RANDOMIZED CONTROLLED TRIAL**

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**Background and Aims**

Pain after inguinal hernia surgeries can lead to significant post-operative complications.

**Aim of this study was to compare the post-operative analgesic effect between USG guided trans-muscular, posterior and lateral approaches of the quadratus lumborum block in adult patients undergoing unilateral hernia surgery.**

**Methods**

Sixty ASA I/II adult patients scheduled for unilateral inguinal hernia surgery were recruited.

Group I: Trans-muscular approach

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Subarachnoid block was given with 18 mg of 0.5% heavy bupivacaine in all patients. USG guided QL block was given by experienced anaesthesiologist once the surgery was completed. Pain was assessed with a Numerical rating scale (NRS) at rest and with movement.

**Results**

There were significant differences in the median NRS scores ($p < 0.001$), worst NRS scores ($p < 0.001$) and median dynamic NRS scores ($p < 0.001$) between transmuscular, anterior and posterior approaches of the quadratus lumborum block. Postoperative analgesia requirement was highest in the anterior approach (180 mg [120, 200]) followed by posterior approach (140 mg [120, 160]) and was least in transmuscular approach (100 mg [100, 100]). A significant difference ($p < 0.001$) was observed in the time required for rescue analgesia between transmuscular, anterior and posterior approaches of the quadratus lumborum block. Postoperatively, earliest requirement of analgesia was found in the anterior approach (8 hours [8, 9]) followed by posterior approach (10 hours [10, 12]). In transmuscular approach, analgesia was required postoperatively after 13 hours [12, 14], postoperatively.

**Conclusions**

Transmuscular QL block is better in providing postoperative analgesia in adult patients undergoing inguinal hernia surgeries.

**B310**

**DEVELOPMENT AND INTERNAL VALIDATION OF A MULTIVARIABLE RISK PREDICTION MODEL FOR SEVERE REBOUND PAIN AFTER FOOT AND ANKLE SURGERY INVOLVING SINGLE-SHOT POPLITEAL SCIATIC NERVE BLOCKADE**

1,2TH Jen*, 1,3HC Ke, 4K Wing, 5, 1Denome, 1, 5, 6, 7, 8 J Huang, 1, 2RM Ree, 1, 2, 3, 4, 5, 6, 7, 8 CH Yarnold.

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