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

**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 opiate 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.

**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.

**Abstracts**

**Abstract B308**

**Comparison of Anterior, Posterior and Lateral Approaches of Ultrasound Guided Quadratus Lumborum Block in Inguinal Hernia Surgery: A Randomized Controlled Trial**

1,2A Kumar*, 3C Sinha, 4A Kumar, 5P Kumari, 6K Kumar, 1All India Institute of Medical Sciences Patna, Patna, India; 2All India Institute of Medical Sciences Patna, Patna, India; 3AIIMS Patna, Patna, India; 4ICARE Institute Of Medical Sciences And Research, Halda, India

10.1136/rapm-2022-ESRA.383

**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 anesthesiologist 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 μg [120, 200]) followed by posterior approach (140 μg [120, 160]) and was least in transmuscular approach (100 μg [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 B309**

**Comparison of Anterior, Posterior and Lateral Approaches of Ultrasound Guided Quadratus Lumborum Block in Inguinal Hernia Surgery: A Randomized Controlled Trial**

1,2A Kumar*, 3C Sinha, 4A Kumar, 5P Kumari, 6K Kumar, 1All India Institute of Medical Sciences Patna, Patna, India; 2All India Institute of Medical Sciences Patna, Patna, India; 3AIIMS Patna, Patna, India; 4ICARE Institute Of Medical Sciences And Research, Halda, India

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**Conclusions**

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

**Abstract 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*, 1,2,3YC Ke, 4K Wing, 1,2,3Denome, 1,2,3,5,6,7,8RM Ree, 1,2,3,5,6,7,8CH Yarnold.

1Department of Anesthesia, St. Paul’s Hospital/Providence Health Care, Vancouver, Canada; 2Department of Anesthesiology, Pharmacology and Therapeutics, The University of British Columbia, Vancouver, Canada; 3Department of Anesthesiology, Pain Management and Perioperative Medicine, Dalhousie University, Halifax, Canada; 4Department of Orthopedics, The University of British Columbia, Vancouver, Canada; 5Department of Anesthesiology and Pain Medicine, University of Ottawa, Ottawa, Canada; 6Department of Anesthesiology and Pain Medicine, The Ottawa Hospital, Ottawa, Canada; 7Ottawa Hospital Research Institute, Ottawa, Canada; 8Faculty of Medicine, The University of British Columbia, Vancouver, Canada

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Background and Aims

Rebound pain occurs after 50% of ambulatory surgeries with regional anaesthesia. (1) To assist with risk stratification, we aimed to develop a model to predict severe rebound pain after foot and ankle surgery involving single-shot popliteal sciatic nerve blockade.

Methods

After ethics approval, we performed a retrospective cohort study at St. Paul’s Hospital, a tertiary care centre in Vancouver, Canada. Patients undergoing lower limb surgery with popliteal sciatic nerve blockade from January 2016 to November 2019 were included. Exclusion criteria were uncontrolled pain in recovery room, perineural catheters, and loss-to-follow-up. We developed and internally validated a multivariable logistic regression model for severe rebound pain, defined as transition from well-controlled pain in recovery room (numerical rating scale [NRS]≤3) to severe pain (NRS≥7) within 48 hours. (1) A priori predictors were age, sex, surgery type, planned admission, local anaesthetic type, dexamethasone use, and intraoperative anaesthesia type. Model performance was evaluated using area under the receiver operating characteristic curve (AUROC), Nagelkerke’s R², scaled Brier score, and calibration slope.

Results

The cohort included 1365 patients (50 [16] years). Primary outcome was collected in 1311 (96%) patients, with severe rebound pain in 652 (50%). Internal validation revealed poor model performance, with AUROC 0.632 (95% CI 0.602, 0.661; Bootstrap optimism 0.021), Nagelkerke’s R² 0.063, and scaled Brier score 0.047 (Table 1). Calibration slope was 0.832 (95% CI 0.623, 1.041; Figure 1).

Conclusions

A model developed using routinely collected clinical data has poor predictive performance for rebound pain. Prospective studies involving other patient-related predictors are needed.

Abstract B310 Figure 1

Conclusions

A model developed using routinely collected clinical data has poor predictive performance for rebound pain. Prospective studies involving other patient-related predictors are needed.

B311

BILATERAL ULTRASOUND-GUIDED ERECTOR SPINAE PLANE BLOCK FOR POSTOPERATIVE ANALGESIA IN THORACIC COMBAT TRAUMA

V Babii, A Korsun, O Nazarchuk, D Dmytriiev*. Vinnitsa National Medical University, Vinnitsa, Ukraine

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Background and Aims

Thoracic Combat Trauma causes severe postoperative pain. The primary objective of this study was to compare the effect of ultrasound (US)-guided erector spinae plane (ESP) block on 24-hour postoperative cumulative opioid requirements with standard (opioid-based) analgesia.

Methods

22 patients with Thoracic Combat Trauma scheduled under general anesthesia were randomly assigned to the following (and they are): 10 patient control group-no preoperative ESP block, or 12 patient ESP block group-preoperative bilateral US-guided ESP block. Both groups received standard general anesthesia during surgery. Postoperative pain score, number of patients requiring rescue analgesia, and total morphine consumption during the first 24 postoperative hours were recorded.

Results

Postoperative morphine consumption was significantly lower in patients in the ESP group compared with those in the control group (1.9±1.3 vs. 7.1±2.2 mg, respectively; P<0.001). All patients in the control group required supplemental morphine compared with only 3 (25%) in the ESP block group (P=0.003). Pain scores immediately after surgery (P=0.001) and at 6 hours after surgery (P=0.020) were lower in the ESP block group compared with the control group. Patient satisfaction scores were more favorable in the block group (P<0.0001).

Conclusions

US-guided ESP block reduces postoperative opioid requirement and improves patient satisfaction compared with standard analgesia in Thoracic Combat Trauma patients.