discusses the evidence presented in recent medical literature regarding the efficacy of regional anesthesia.

Results Even though regional anesthesia meets the premises required to prevent the development of CPP, there is insufficient data to measure the strength of its impact in preventing long-term pain.

The challenge lies in the heterogeneity of the sampled population, the variety of surgical techniques and the use of perioperative drugs and adjuvants during nerve block procedures.

Conclusions Regional anesthesia is one of the fastest growing areas within the field of anesthesia due to its many advantages over the use of opioids.

While further research needs to be conducted, there is evidence that regional anesthesia employed together with other preventative methods has high potential for reducing the incidence of CPP.

Background and Aims We evaluated the contribution of herbal anti-inflammatory therapy in the postoperative treatment of pain in patients after total knee replacement (TKR). NSAIDs are the first-line treatment in the management of acute inflammatory conditions. Unfortunately, these have some side effects, mainly gastrointestinal, cardiovascular and renal.

Herbal anti-inflammatory therapy is a combination mostly of BOSWELLIA and BROMELAIN. These have a unique mechanism of action that provides clinically proven antioxidant and anti-inflammatory benefits. Effective treatment of postoperative pain without drug side effects serves the patient’s comfort, promotes joint mobility and protects against serious complications.

Methods 40 male patients who underwent TKR, aged 60–80 years. All received spinal anesthesia with ropivacaine 20mg. The 20 received herbal preparation (HP) one week before the surgery, morning and evening and the next 20 days postoperatively. The other 20 did not receive HP. All received the same post-operative pain treatment protocol. Resting pain (VAS) was assessed at 4, 12 and 48 hours, as were the following parameters:

- HEADACHE
- MOTION SICKNESS
- VOMITING
- CONSTIPATION
- DRY MOUTH

Conclusions Herbal anti-inflammatory therapy significantly contributes to the reduction of post-operative pain in patients after TKR, reducing the consumption of opioids and their side effects. Herbal anti-inflammatory drugs have high bioavailability, maximum effectiveness and most importantly, gastric tolerance.

Background and Aims Caesarean section can cause somatic and visceral pain. Adding a regional anesthesia technique to multimodal analgesia improves the quality of postoperative pain relief. Quadratus lumborum block (QLB) has shown to provide good analgesia post-caesarean section. In this novel study, we aimed to compare Erector spinae plane block (ESPB) with QLB for analgesia after caesarean section.

Methods This prospective, randomized, double-blinded study was approved by the Institute ethics committee and registered with clinical trials registry (CETRI/2022/02/040404). Following exclusion, 112 patients were randomised to receive either a bilateral transmuscular QLB or an ESPB (at T12) with 20 ml 0.25% ropivacaine on each side (after the completion of caesarean section under subarachnoid block). All patients received prophylactic acetaminophen for 2 days. Our primary objective was to evaluate tramadol consumption in the first 48 hours. Secondary objectives were to compare the time for first rescue analgesic requirement, visual analogue scale (VAS) at rest and movement, to assess for any complication and to compare the overall satisfaction with analgesia.

Results The mean tramadol consumption at 48 hours, the duration of first rescue analgesia and patient satisfaction was similar between both the groups. NRS score was lower in the HM group. Other parameters were also significantly less affected in the HM group.

Conclusions Preoperative and postoperative administration of herbal anti-inflammatory therapy significantly contributes to the reduction of post-operative pain in patients after TKR, reducing the consumption of opioids and their side effects. Herbal anti-inflammatory drugs have high bioavailability, maximum effectiveness and most importantly, gastric tolerance.
Conclusions Bilateral ultrasound guided ESPB leads to an analgesic efficacy similar to bilateral Transmuscular QLB in patients undergoing caesarean section.

**Abstract B324 Figure 1**

Figure 1: Evolution of mean (95% CI) numerical rating scale for pain followiing erector spiniae plane block with ropivacaine (Ropi) compared to normal saline (Placebo) during the first 24h after extubation. 80, time of block placement; NRS, numerical rating scale; TO, time of extubation.

**Abstract B324 Figure 2**

Figure 2: Mean hourly number of morphine boluses demanded from the patient-controlled intravenous analgesia system (95% CI) in the period between 6h-24h after initial erector spiniae plane block placement. PCIA, patient-controlled intravenous analgesia.

**Abstract B324 Table 1**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Ropi-group (n=56)</th>
<th>Placebo-group (n=56)</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary outcome</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24-hour morphine consumption (mg)</td>
<td>57 (53.54)</td>
<td>71 (52.02)</td>
<td>0.25</td>
</tr>
<tr>
<td>Secondary outcome</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sensory block 24h after extubation (cm)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0.35</td>
</tr>
<tr>
<td>Adverse events</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nausea</td>
<td>4 (15)</td>
<td>6 (16)</td>
<td>0.94</td>
</tr>
<tr>
<td>Pruritus (30-day)</td>
<td>8 (25)</td>
<td>10 (29)</td>
<td>0.07</td>
</tr>
<tr>
<td>Sensory block 2h after extubation</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0.37</td>
</tr>
</tbody>
</table>

Data are presented as median (interquartile range [IQR]) or as an absolute number with the percentage (% of the whole). All reported P-values are two sided. *p<0.05 due to device malfunction and 1 patient requiring a reintervention because of a hemohorax.

**Abstract B324**

**ERECTOR SPINAES PLANE BLOCK FOR ROBOT-ASSISTED MINIMALLY INVASIVE DIRECT CORONARY ARTERY BYPASS SURGERY: A DOUBLE-BLIND, PROSPECTIVE RANDOMIZED PLACEBO-CONTROLLED TRIAL**

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Background and Aims Thoracotomy for robot-assisted minimally invasive direct coronary artery bypass (RAMIDCAB) surgery may cause severe early postoperative pain. The Erector Spinae Plane (ESP) block may be an effective and safe option for postoperative analgesia in RAMIDCAB surgery. As randomized trials in this field are lacking, we investigated if ESP block adjuvant to the standard multimodal analgesic regimen, compared to solely the latter, is effective in reducing postoperative pain.

Methods This single center, double-blind, prospective, randomized, placebo-controlled trial was approved by the Ethics Committee of the University Hospitals Leuven, Belgium (DH 11–2018 Version 008 26–10–2020 – EudraCT 2019–000596-16). The trial was supported by an ESRA Research Grant 2019. Between May 15th2019 and July 4th2021, 64 patients undergoing RAMIDCAB surgery were randomized to postoperatively receive an ESP catheter with either intermittent ropivacaine 0.5% (ropi-group) or normal saline 0.9% (placebo-group). Primary endpoint was postoperative 24h morphine consumption. Multiple secondary endpoints were evaluated up to 30-days postoperatively.

Results The median (IQR) 24h morphine consumption was not different between the ropi- and placebo-group: 67mg (35;84) vs 71mg (52;90), p=0.25. Mean numerical rating scale values for pain showed no significant difference between the groups (Figure 1). The number of morphine-boluses requested each hour by the patient and other secondary outcomes were comparable, figure 2 and table 1, respectively.