Conclusions Bilateral ultrasound guided ESPB leads to an analgesic efficacy similar to bilateral Transmuscular QLB in patients undergoing caesarean section.

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 in RAMIDCAB surgery, intermittent 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 15th 2019 and July 4th 2021, 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.
Conclusions In the current study, adding an ESP-block to a standard multimodal analgesia regimen did not result in reduced morphine consumption after RAMIDCAB surgery.

**B325** ACCURATE DELIVERY OF LOCAL ANAESTHETIC VIA RECTUS SHEATH CATHETERS

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**Background and Aims** Rectus sheath blocks (RSB) have been used for abdominal analgesia for many years. Local anaesthetic administered to the posterior rectus sheath plane blocks terminal branches of T7–11 intercostal nerves. Therefore the RSB provides somatic analgesia for midline abdominal incisions. Whilst a single shot technique is common, rectus sheath catheters may be placed to deliver either a continuous infusion or intermittent boluses of local anaesthetic for prolonged analgesia. We tested the rectus sheath catheter set (Pajunk, Germany) to observe whether equal volumes of local anaesthetic are delivered to the left and right catheters.

**Methods** We have created a bench top collecting apparatus connected to 0.9% sodium chloride in place of local anaesthetic. The pump was programmed to deliver our local protocol of 40 ml boluses 4 hourly. After 24 hours the volume in each collecting bottle was measured by digital weighing scales. This process was repeated 10 times, with a new catheter set each time.

**Results** We found that after 24 hours the intended 6 boluses delivered equal volumes to both right and left catheters. The overall volume delivered compared to the volume registered by the pump showed a small discrepancy of 2 mls over 24 hours.

**Conclusions** In conclusion under test conditions the rectus sheath catheter set delivers equal volumes to each side. This may improve confidence that local anaesthetic delivery to rectus sheath or erector spinae plane blocks via this catheter is equal. However, differences in resistance may exist under clinical conditions. This was not tested, but may be an opportunity for further investigation.

**B326** POSTOPERATIVE ANALGESIA WITH ULTRASOUND-GUIDED POSTERIOR QUADRATUS LUMBARUM BLOCK INFUSION (PQLBI) FOR REVISION HIP ARTHROPLASTY

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**Background and Aims** Effective postoperative analgesia is crucial for ensuring early mobilisation after revision hip arthroplasty and reduce complications. In our hospital, from 2014–17, pain scores were moderate to severe, and the mean length of stay (LoS) was 23 days. PQLBI was introduced in 2017 to improve analgesia and reduce LoS.

**Methods** Audit data for 2018–21 were reviewed retrospectively comparing patients having PQLBI with those who did not, for quality of analgesia, time to weight bearing, LoS and general complications. Data were collected using Lorenzo (DXC, Virginia) and e-Obs software (Alcidion, Australia).

There were 49 patients. All received spinal anaesthesia (0.5% heavy bupivacaine, no opioid) and general anaesthesia. After surgery, 35/49 patients had PQLBI using 20 ml of 0.125% levobupivacaine injected in the fascial plane between quadratus lumbarum and psoas muscles using a SonoSite C11E probe with in-plane approach, followed by an infusion via a Pajunk Echogenic catheter over-needle system, and delivered with a Baxter Elastometric pump with 300 mls 0.125% levobupivacaine for 72 hrs at 5–8 mls/hr.

**Results** Between 2018–2021, comparing PQLBI vs non-PQLBI, Verbal Rating Pain Scores (mean) were 1.03 vs 2.24, time to weight-bearing 1.15 days vs 4.55 days, and LoS 5.15 days vs 10.33 days respectively. There were no complications in the PQLBI group, but delirium and pneumonia in 6/14 patients in the non-PQLBI group.