Conclusions  EOIB may be an option as rescue analgesia in L/S upper abdominal surgeries in cases where multimodal analgesia is insufficient. US-guided EOIB is superficial and easy to perform; the related ribs act as an anatomical barrier.

**Abstract B338**  
**ANALGESIC CONTRIBUTION OF EXTERNAL OBLIQUE INTERCOSTAL BLOCK: THREE DIFFERENT SURGERIES AND THREE SPECTACULAR EFFECT**

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**Background and Aims**  Abdominal wall blocks are frequently used due to the use of blocks that are effective, such as the transversus abdominis plane (TAP) block and the widespread use of ultrasound (US) imaging. We want to present the extraordinary performance of external oblique intercostal block in three different surgeries.

**Methods**  A 30 – 35 year-old male patient was taken to the operating room for open liver surgery. After the surgery, unilateral external oblique intercostal block (EOI) and bilateral TAP block were performed in the supine position, and the catheter was placed under the external oblique muscle. Postoperative analgesia is followed by patient-controlled analgesia through the catheter.

A 35 – 40 year-old male patient was taken to the operating room for laparoscopic liver surgery. After the surgery, unilateral external oblique intercostal block (EOI) and bilateral TAP block were performed supine. The patient had IV tramadol PCA (only bolus dose 10 mg lockout 20 min).

A 25 – 30 year-old male patient was taken to the operating room for laparoscopic bariatric surgery. After the surgery, bilateral external oblique intercostal block (EOI) and bilateral RB were performed supine. The patient had IV tramadol PCA (only bolus dose 10 mg lockout 20 min).

**Results**  All patients had low NRS scores in the recovery unit. All patients had very low opioid consumption within 72 hours postoperatively. All the patient was satisfied with the quality of analgesia.

**Conclusions**  We think that EOI block will have a significant place in abdominal analgesia, especially in obese patients, due to its wide innervation area and easy application.

**Abstract B339**  
**CRITICAL ANALYSIS AND DEVELOPMENT OF AN ACUTE PAIN MANAGEMENT PROGRAMME FOR POSTOPERATIVE RECOVERY OPTIMIZATION**

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**Background and Aims**  Postoperative acute pain management programmes (PAPMP) are known to be paramount for optimal quality of care. A tailored adaptation of these programmes to centers’ clinical and financial realities is both essential and challenging and must be oriented towards patient satisfaction.

This study aimed to assess the impact on quality of care and patient satisfaction following an update of a PAPMP in a tertiary Spanish hospital using a Delphi methodology.