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.

**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.

**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.
Methods A Strengths, Weaknesses, Opportunities, and Threats (SWOT) matrix analysis following a Delphi methodology was conducted. A European model-based structure was designed, structuring an open staff point-of-care oriented programme, based on procedure-specific (PROSPECT) protocolization. Strategic and Clinical Quality Indicators in Postoperative Pain Management (SCQIPP) and Quality of Recovery 15 scores (QoR-15) were added as two main endpoints. Four months before the implementation these scores were collected for comparison purposes. Visual Analog Scale (VAS), QoR-15, and SCQIPP scores were compared between these two periods.

Results 400 surgical patients were followed (24% total knee replacement (TKR), 13% thoracic surgery, 13% laparotomy, and 6% Pfannenstiel incision). Epidural and femoral catheters were the most used regional analgesia techniques (58% and 27% respectively). A significant VAS reduction was found in Pfannenstiel, lumbar and hip surgeries, along with a significant QoR-15 reduction in lumbar, hip, and oncologic gynecologic surgeries. Significant increases in SCQIPP scores were found in TKR, Pfannenstiel, open nephrectomy, and hip replacement surgeries.

Conclusions A SWOT-Delphy quality-oriented design methodology in a PAPMP allows to obtain higher rates of reduction in pain control and improves patient quality perception.

Background and Aims We aimed to retrospectively study the efficacy of ultrasound guided rectus sheath block (RSB) in combination with right subcostal transversus abdominis plane block (TAP) for laparoscopic cholecystectomy as an effective intra and postoperative analgesic method.

Methods We studied 20 patient files, operated for laparoscopic cholecystectomy. All patients meeting the criteria were operated under general anesthesia using propofol, fentanyl and rocuronium. Following anesthesia induction, a bilateral RSB using 15 ml ropivacaine 0.375% on each side and a right subcostal TAP block using 20 ml ropivacaine 0.375% were performed. Intraoperative fentanyl dose was 2 mcg/kg for all patients. We evaluated all recorded numerical rating scores (NRS) charted, immediately postoperatively and 6 and 24 hours later. In addition, complaints of nausea, vomiting and constipation were recorded.

Results Intraoperative arterial blood pressure and cardiac rhythm trends, suggested stable hemodynamics and reflected effective analgesia in all cases. Median NRS scores immediately postoperatively were up to 1.5 and up to 3 in all following recording instances with no additional analgesics required, besides paracetamol that was administered every 8 hours. Nausea and vomiting was absent for all these patients and only 4 patients reported constipation over 3 days.

Conclusions Ultrasound guided combination of RSB with right subcostal TAP block is an effective and safe intra and postoperative analgesic method.

Background and Aims Hip pathology surgery, is a major health problem due to the aging of the population, mortality, and secondary functional dependency. Patients experience moderate to severe pain after a hip surgery. Achieving optimal postoperative analgesia allows initiation of rehabilitation early. Intravenous opioid analgesia is effective for rest pain but inadequate for dynamic analgesia with side effects. There is a growing interest in the use of non-opioid adjuvant analgesics. A drug with great potential is lidocaine. Our objective is to evaluate the role of perioperative intravenous lidocaine in the reduction of pain and improvement of postoperative results in hip surgery.