

B343 INTRA-OPERATIVE SYSTEMIC LIDOCAINE INFUSION IN MAJOR SPINE SURGERIES: – ITS EFFECT ON ANALGESIC REQUIREMENTS AND HUMAN OPIORHIN LEVEL

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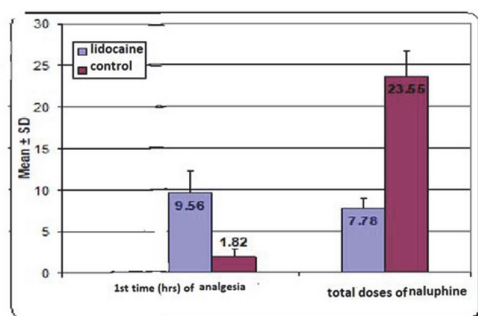
Background and Aims Postoperative pain after spine surgeries is a common type of acute, neuropathic pain with difficult to control. Systematic Lidocaine one of analgesic modalities that can be used to manage this type of pain. It has anti-inflammatory and analgesic benefits by decreasing the release of cytokines, and blocking the neural transmission. Human opiorphin inhibits the destruction of endogenous natural peptide, enkephalins, which releases physiologically in painful conditions, and can be used as objective indicator of acute pain. The aim of the study is to evaluate the role of using I.V Lidocaine infusion in declining the postoperative level of opiorphine and narcotic requirements.

Methods The study is a prospective; double blinded, randomized, controlled clinical trial, conducted at Assiut University hospital, Egypt. Forty Patients underwent major spine surgery were randomly allocated into equal groups. In first group, each patient received intra-operative lidocaine infusion whereas each patient in control group had a normal saline with equal volume and rate of lidocaine infusion. Analgesic requirements were monitored for 24 hours after surgery and two blood samples (preanesthetic induction and immediately after stopping Lidocaine infusion) were obtained from each patient to determine the level of Opiorphin. These blood samples were collected in plasma tubes, and Human ELISA kits was used to measure its level.

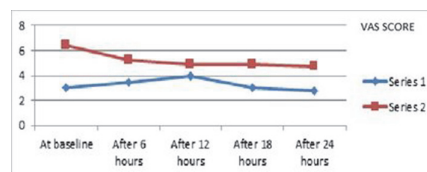
Results

Abstract B343 Table 1

Groups	Opiorphin blood level		P. value
	Preoperative	At the end of surgical procedures	
lidocaine	3.88±0.51	2.1 ± 0.54	<0.001**
control	3.53±0.75	3.25±0.7	0.229



Abstract B343 Figure 1



Abstract B343 Figure 2

Conclusions In addition, its safety, our study suggests a significant role of systemic lidocaine infusion as an adjuvant in reducing the postoperative narcotic consumption and Opiorphin level in spine surgeries.

B344 COMPARISON OF THE EFFICACY OF TRANSVERSALIS FASCIA PLANE BLOCK AND WOUND INFILTRATION IN VARICOCECTOMY SURGERY: RANDOMISED CONTROLLED STUDY

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Background and Aims Varicocele is formed as a result of dilatation of the pampiniform plexus of the spermatic veins. It was aimed primarily to evaluate the effect of TFP block on pain scores in the postoperative period in patients who had undergone varicocelectomy surgery, and secondarily to evaluate the effect of transversalis fascia plane block (TFPB) block on analgesic consumption.

Methods The study was initiated after the approval of the local ethics committee and 60 patients over the age of 18 who were to undergo varicocelectomy operation, with ASA I-II were included in the study. The patients were randomized with a computer program before the operation and divided into two groups as Transversalis Fascia Plane block group (Group T) and Surgical incision site infiltration group (group I). All operations were performed under general anesthesia with laryngeal mask and microsurgery with subinguinal technique. TFPB and local infiltration blocks (LIB) were applied after surgical suturing without termination of anesthesia. 20 ml of 0.25% bupivacaine was applied for both blocks. Demographic data of the patients, passive and active postoperative VAS scores, need for nonsteroidal anti-inflammatory drugs and rescue analgesia were noted.

Results 60 patients were included in the study. There was no statistical difference between the groups in terms of demographic data. When the active and passive VAS scores ($p < 0.001$), nonsteroidal anti-inflammatory analgesia ($p < 0.05$)