Background and Aims: Postoperative pain after spine surgeries is a common type of acute, neuropathic pain with difficult to control. Systemic 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 opioid 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 opioid 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 Opiornphine. These blood samples were collected in plasma tubes, and Human ELISA kits was used to measure its level.

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

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 Opiornphine level in spine surgeries.

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)
and rescue analgesia requirement ($p<0.001$) were evaluated at all hours, there was a statistically significant decrease in Group T.

**Conclusions** It was seen that a more effective analgesia could be created with TFPB compared to LIB after varicocelectomy surgery.

**B345** INTENSITY OF ACUTE POSTOPERATIVE PAIN AFTER ALTERATION OF MULTIMODAL ANALGESIA PROTOCOL

1V Lebedeva, 1,2I Golubovska*, 1R Tanaino, 1,2A Miscus. 1University of Latvia, Faculty of Medicine, Riga, Latvia; 2Hospital of Traumatology and Orthopaedics, Riga, Latvia

10.1136/raptm-2022-ESRA.419

**Background and Aims** Multimodal analgetic approach uses a combination of different classes of analgesic, opioids, adjuvants, loco-regional invasive techniques. Optimization of the multimodal approach is essential for better postoperative pain outcomes.

The aim of study was to analyse postoperative pain in years between 2018 and 2021 after a modification of multimodal analgesia protocol.

**Methods** A retrospective cross-sectional study of patients who underwent different orthopedic surgical procedures. Pain intensity was evaluated by using a Visual Analogue Scale (VAS). All patients were asked about pain four times a day. A total of 376 patients were included in the study.

**Results** On the operation day higher median of mean pain was after knee replacement 4.0 (IQR: 2.5–5.5) and the same after spine surgery, lower median of mean pain was after rotator surgery 2.0 (IQR: 1.0–4.4). On the first day after surgery higher median of mean pain was after knee replacement 4.0 (IQR: 2.0–5.4) humerus osteosynthesis 4.0 (IQR: 2.3–5.4) and rotator surgery 4.0 (IQR: 2.0–5.4), lower median of mean pain was after hip replacement 2.0 (IQR: 1.0–4.3) and revision surgery 2.0 (IQR: 1.0–4.3). Lower median of mean pain on the second postoperative day was after hip replacement 0.5 (IQR: 0–2.0) and higher median of mean pain after knee replacement 4.0 (IQR: 2.0–5.5).

**Conclusions** The results show that the leading position in higher pain scores remains after knee replacement surgery. The lowest pain scores were after hip replacement, then rotator, and revision surgeries.

**B346** MORE INTRAFASCIAL, LESS INTRAVENOUS: EXTERNAL OBLIQUE INTERCOSTAL BLOCK FOR RESCUE ANALGESIA AFTER PANCREATODUODENECTOMY

1A Strumia*, 1A Ruggiero, 1F Costa, 1D Sarubbi, 1G Pascarella, 1F Longo, 1F Gargano, 1LM Remore, 1F Fattorini, 1FE Agrò. 1Fondazione PoliChirico Campus Bio-Medico, Roma, Italy; 2AOU-Policlinico Umberto Primo, Rome, Italy

10.1136/raptm-2022-ESRA.420

**Background and Aims** Even if pancreatoduodenectomy is a demolishing and painful procedure, it remains the only strategy for pancreatic head tumors; unfortunately, the survival rate is about 40% within 5 years. The most common anesthetic strategy is still general anesthesia, with opioid pain control.

**Methods** A 72-year-old patient with hypertension was diagnosed with a pancreatic head neof ormation and underwent pancreatoduodenectomy under general anesthesia and bilateral TAP block.

In the recovery room, the patient had NRS 6; after obtaining informed consent, a bilateral external oblique intercostal block was performed. The lateral and anterior cutaneous branches of the spinal nerves are main the target in surgeries performed with a subcostal incision.

A linear probe positioned between the midclavicular and anterior axillary lines was used, at the level of the sixth rib. The transducer was then rotated to obtain a paramedian sagittal oblique view. 15 mL of 0.5% ropivacaine was injected between the plane of the external oblique and the intercostal muscles bilateral (Figure 1; Figure 2).

**Results** The external oblique intercostal block demonstrated good coverage for subcostal incisions, immediately and after 24 hours. After 1, 3, 6, 12 and 24 hours, the NRS values never overtake 4 on a scale from 0 to 10.

**Conclusions** The external oblique intercostal block seems to give excellent analgesia for the upper abdominal segments as rescue anesthesia after major abdominal surgery. Probably, together with the tap block, it can be used as a perioperative