

**B349** EFFECTS OF INTRAOPERATIVE DEXMEDETOMIDINE IN PATIENTS UNDERGOING LAPAROSCOPIC IVOR-LEWIS OESOPHAGECTOMY

C Koufopoulou\*, C Sava, E Kalliontzis, P Stratigopoulou. *Laiko Hospital, Athens, Greece*

10.1136/rapm-2022-ESRA.424

**Background and Aims** Postoperative pain remains one of the most common challenges following laparoscopic oesophagectomy. Dexmedetomidine, an alpha-2 agonist, has intrinsic antinociceptive and antihyperalgesic properties that may reduce postoperative pain. Furthermore, there is evidence that its use during general anesthesia, as an adjuvant agent, improves pain outcomes. The aim of this study was to assess if intraoperative dexmedetomidine reduces postoperative pain scores and opioid consumption in patients undergoing laparoscopic Ivor-Lewis oesophagectomy.

**Methods** 30 patients undergoing laparoscopic oesophagectomy under general anesthesia were included in this retrospective observational study. We compared the effects on postoperative pain and opioid consumption in patients who received intraoperative dexmedetomidine infusion (15 patients) and those who did not. (15 patients). Postoperative pain was assessed on the PACU and on the POD1 and POD2 using the Visual Analogue Scale (VAS). Adequate pain control was defined as a VAS  $\leq$  4. Data on We also compared intraoperative hemodynamic instability, and postoperative nausea and vomiting (PONV) were also compared.

**Results** No differences in opioid requirements were found between groups ( $p=0.42$ ), with a mean opioid consumption of  $0.73 \pm 1.56$  morphine mg equivalents in patients who received dexmedetomidine, and  $0.91 \pm 2.39$  morphine mg equivalents in the control group. We did not find statistically significant differences in postoperative pain severity ( $p=0.25$ ), intraoperative hypotension ( $p=0.09$ ), PONV ( $p=0.18$ ), anesthetic complications ( $p=0.62$ ) nor length of hospitalization ( $p=0.11$ ) between groups. However, patients exposed to dexmedetomidine infusion had a greater incidence of bradycardia (OR=2.02; 95% CI .16 - 3.55;  $p=0.007$ ).

**Conclusions** Intraoperative dexmedetomidine had no effect on reducing postoperative pain scores nor opioid consumption. It was associated with a greater incidence of intraoperative bradycardia.

**B350** EFFICACY AND SAFETY OF DIFFERENT INTRATHECAL MORPHINE DOSES COMBINED WITH SPINAL ANAESTHESIA FOR HIP REPLACEMENT SURGERY

<sup>1</sup>E Vitola\*, <sup>1</sup>N Buraka, <sup>1,2</sup>I Golubovska, <sup>1,2</sup>I Čerņavskā, <sup>1,2</sup>A Miščuks. <sup>1</sup>University of Latvia, Riga, Latvia; <sup>2</sup>Hospital of Traumatology and Orthopaedics, Riga, Latvia

10.1136/rapm-2022-ESRA.425

**Background and Aims** Total hip arthroplasty is one of the most painful orthopaedic surgery. Spinal anaesthesia is a gold standard for hip replacement. By adding low-dose Morphine to intrathecal Bupivacaine, could be prolonged analgesia and reduced postoperative pain. The objective of the study: to compare the effect of low-dose morphine (0.1 mg and 0.2 mg) addition to Bupivacaine for spinal anaesthesia on postoperative pain and incidence of side-effects.

**Methods** A prospective randomized study conducted at the "Hospital of Traumatology and Orthopedics" from 2020 June to 2021 April includes 90 patients, who met inclusion and

exclusion criteria. Randomly on the internet site <https://www.randomizer.org/patients> were divided into 3 groups. Before surgery all patients received intrathecally Sol. Bupivacaine 15–18mg. Group I - control group. Group II and Group III received accordingly 0,1 and 0,2 mg of morphine intrathecally in addition to Bupivacaine. After surgery all patients had standardized multimodal analgesia. Rescue medication-Morphine 10 mg subcutaneously (if NRS > 5). Pain level measured by NRS at rest in a 4h, 7h, 12h and 24h. Respiratory rate (RR, x/min), SpO<sub>2</sub>(%), rescue medication consumption, oxygen supply and adverse reactions (nausea, vomiting, itching, etc.) were noted during 24h. Data analysis performed using IBM SPSS 22.0.

**Results** Pain score in I, II and III groups accordingly: 4h- 1.21; 0.48; 0.17 ( $p = 0.076$ ); 7h- 2.90; 1.00; 0.17 ( $p < 0.001$ ); 12h- 3.33; 0.80; 0.37 ( $p < 0.001$ ); 24h - 2.53; 1.17; 0.40 ( $p < 0.001$ ). Rescue medication request (incidence, %): Group-I 77%, Group-II: 16.7%, Group III: 13.3% ( $p < 0,001$ ). RR (x/min) (min; max): Group-I 16.1 (13.0; 20.0); Group-II: 15.2 (10.5; 19.0), Group-III: 15.4 (11.5; 21.5) ( $p > 0.05$ ). SpO<sub>2</sub>(%): Group-I 96,7% (92,0%; 100,0%); Group-II: 96,0% (92,0%; 99,5%); Group-III: 96,0% (91,0; 100). Incidence of morphine-related side-effects was not statistically significant: nausea & vomiting 10% (I), 23.3% (II), 10% (III). Statistically reliable itching only in the Group-III: 23% of patients ( $p < 0.001$ ). No other adverse effects observed.

**Conclusions** Optimal dose of intrathecal morphine is 0.2 mg.

**B351** EFFICACY OF PREGABALIN FOR PREVENTION OF POSTOPERATIVE CATHETER-RELATED BLADDER DISCOMFORT (CRBD) IN PATIENTS UNDERGOING TRANSURETHRAL RESECTION OF BLADDER TUMOR

<sup>1</sup>G Micha, <sup>2</sup>N Fyrfiris, <sup>2</sup>C Magklari\*, <sup>2</sup>S Pouloupoulou, <sup>3</sup>V Tzortzis, <sup>4</sup>E Arnaoutoglou. <sup>1</sup>Department of Anaesthesiology, General and Maternal Hospital of Athens "Elena Benizelou", Athens, Greece; <sup>2</sup>Department of Anaesthesiology, General Anticancer Hospital of Athens "Saint Sawas", Athens, Greece; <sup>3</sup>Faculty of Medicine, Department of Urology, University of Thessaly, Larissa, Greece; <sup>4</sup>Faculty of Medicine, Department of Anaesthesiology, University of Thessaly, Larissa, Greece

10.1136/rapm-2022-ESRA.426

**Background and Aims** CRBD is a troublesome sequela to an indwelling urinary catheterization that is commonly related to a number of postoperative complications, patient distress and increased length of hospital stay. The aim of this study is to evaluate the effect of 75 mg and 150 mg oral pregabalin pre-treatment for the prevention of CRBD.

Ethical approval has been granted by the ethics committee. **Methods** Patients undergoing transurethral resection of bladder tumor were blindly randomly allocated into 3 groups. Group I patients received placebo, Group II patients received 75mg of pregabalin and Group III patients received 150 mg of pregabalin 1 hour prior to the operation. Catheter-related bladder discomfort was evaluated on a 4-point scale in 5 different time intervals.

**Results** 78 patients were enrolled in the study. There was no difference between the demographic profile and operative variables such as surgical and anaesthesia time between the groups ( $p > 0.05$ ). The incidence of CRBD was 82% in group I, 62.5% in group II, and 34.6% in group III. Statistically significant decrease in CRBD was observed in all patients administered with pregabalin regardless of drug dosage compared to placebo ( $p < 0.05$ ). Group III patients presented with

statistically significant less CRBD compared to Group II patients 2 and 6 hours postoperatively.

**Conclusions** Pregabalin 150mg is more effective in decreasing the incidence of postoperative CRBD compared to pregabalin 75 mg.

### B352 REGIONAL ANESTHESIA – THE NEW GOLD STANDARD IN THE INTENSIVE CARE UNIT?

C Chaves, JP Lusquinhos\*, AR Teles, C Pinho, D Leite, S Teixeira, S Fonseca. *Centro Hospitalar Universitário São João, EPE, Porto, Portugal*

10.1136/rapm-2022-ESRA.427

**Background and Aims** When integrated in a multimodal, opioid-sparing strategy, regional analgesic techniques present clear advantages specially in critically ill patients<sup>1,2</sup>. Prevalence of coagulopathy, hypocoagulation and/or anti-aggregation and multi-organ dysfunction in the Intensive Care Unit (ICU) represent additional difficulties to regional techniques<sup>2,3</sup>. Ultrasound-guided peripheral techniques are promising alternatives, namely the Serratus Anterior Plane Block (SAPB) for chest wall analgesia<sup>2,4,5</sup>. We present a case of a critically ill patient in whom SAPB was essential for ventilation weaning after thoracic trauma.

**Methods** Male, 59 YO, ASAIII, diabetes *mellitus*, peripheral arterial disease, heavy alcohol and smoking habits. Admitted to the emergency room with right femorotibial bypass thrombosis for supracondylar amputation due to critical ischaemia. Immediate postoperative ICU admission evolved with multiorgan dysfunction. A lumbar epidural catheter was placed on day 1 for better pain control. Started dual anti-platelet therapy and prophylactic hypocoagulation. On day 2 patient suffered a cardiac arrest, returning to spontaneous circulation after 30 minutes of advance life support; subsequent bilateral anterior rib fracture with thorax vollet and unilateral pneumothorax. Weaning from ventilation became extremely difficult due to chest pain. US-guided SAPB was performed bilaterally with ropivacaine infusion and rescue bolus, associated with lumbar epidural and multimodal analgesia.

**Results** Better pain control allowing extubation to non-invasive ventilation 8 days later.

**Conclusions** Analgesia optimization is crucial to critical ill patients enhancing recovery, promoting early mobilization and chest physiotherapy<sup>2,3</sup>. Continuous bilateral SAPB is an excellent alternative to neuroaxial approach in thorax trauma, and should be considered early in these patients as part of a multimodal opioid sparing analgesia planification<sup>3,4,5</sup>.

### B353 COMPARISON OF DEXMEDETOMIDINE, DEXAMETHASONE, KETAMINE AS ADJUVANTS TO ROPIVACAINE IN TRANSVERSE ABDOMINIS PLANE BLOCK FOR CESAREAN SECTION: A PROSPECTIVE RANDOMIZED STUDY

<sup>1,2,3</sup>JC Stephan\*, <sup>1,2</sup>H Saba, <sup>2</sup>A El Metni, <sup>3</sup>K Kamel. <sup>1</sup>Notre Dame des Secours- University Hospital, Byblos, Lebanon; <sup>2</sup>Ftough Keserwan Governmental Hospital, Bwar, Lebanon; <sup>3</sup>USEK-School of Medicine and Medical Sciences, Byblos, Lebanon

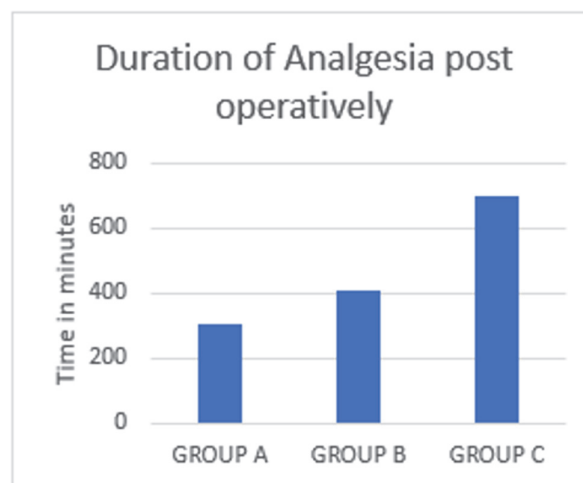
10.1136/rapm-2022-ESRA.428

**Background and Aims** Dexmedetomidine and dexamethasone have most consistently demonstrated prolongation of a transverse abdominis plane (TAP) blocks. Kulkarni et al. found

ketamine to be a safe and effective adjuvant for stellate ganglion blocks when combined with LA solution. The objective of this study is to determine if the addition of Ketamine to ropivacaine can improve the analgesic effect of TAP blocks in C-section as compared to dexmedetomidine or dexamethasone.

**Methods** 112 eligible women undergoing cesarean section under spinal anesthesia were randomized to one of three groups and received ultrasound-guided (USG) bilateral TAP block with 40 ml of 3mg/kg ropivacaine along with 0.2mg/kg dexamethasone (Group A; n=37) or 1.5µg/kg dexmedetomidine (Group B; n=38) or 2mg/kg Ketamine Group C; n=37). The primary outcome was the time to initial self-reporting of post-operative pain. Secondary outcomes included safety assessment and satisfaction. A p value < 0.05 was considered as statistically significant.

**Results** The duration of analgesia in group C (698.0 ±121 min) was longer than that in group B (406±100 min) and group A (301.56±111 min) (p<0.001). Time to first rescue analgesic in group C (786.30±112 min) was longer than group B (425.42±123 min) and group A (370±131 min), (p<0.001). patient satisfaction was significantly better in group C as compared to group A and B. No significant difference was observed in the incidences of adverse effects between the three groups.



Abstract B353 Figure 1

**Conclusions** Ketamine addition to ropivacaine as compared with dexamethasone or dexmedetomidine improves significantly the analgesic effect of a bilateral TAP block following caesarean section.

### B354 COMPARISON OF INTRAPERITONEAL INSTILLATION OF ROPIVACAINE OVER ULTRASOUND GUIDED RECTUS SHEATH BLOCK IN LAPROSCOPIC CHOLECYSTECTOMY: A PILOT STUDY

J Ramesh\*, S Kota, R Joshi, L Ramakrishnan. *Saveetha Medical College, Kanchipuram, India*

10.1136/rapm-2022-ESRA.429

**Background and Aims** Laparoscopic cholecystectomy replaced open surgery as preferred method. The largest component of