

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?

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Background and Aims When integrated in a multimodal, opioid-sparing strategy, regional analgesic techniques present clear advantages specially in critically ill patients^{1,2}. Prevalence of coagulopathy, hypocoagulation and/or anti-aggregation and multi-organ dysfunction in the Intensive Care Unit (ICU) represent additional difficulties to regional techniques^{2,3}. Ultrasound-guided peripheral techniques are promising alternatives, namely the Serratus Anterior Plane Block (SAPB) for chest wall analgesia^{2,4,5}. 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^{2,3}. 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^{3,4,5}.

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

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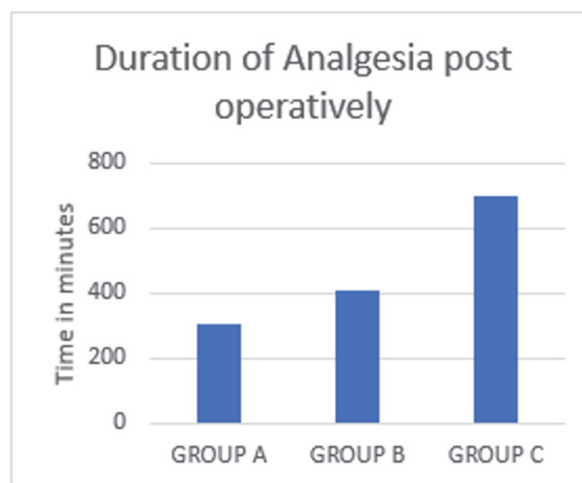
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Background and Aims Dexmedetomidine and dexamethasone have most consistently demonstrated prolongation of a transverse abdominis plane (TAP) blocks. Kulkarni et al. found

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

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

pain is incisional pain (50 to 70%). Rectus sheath block acts at terminal branches of intercostal nerves in the space between rectus abdominis muscle and posterior rectus sheath resulting in anaesthesia of the midline. While intraperitoneal instillation blocks the visceral nociceptive conduction from area of tissue damage and peritoneum.

The aim of this study was to evaluate the efficacy of intraperitoneal instillation versus rectus sheath block using ropivacaine for postoperative pain relief for laparoscopic cholecystectomy.

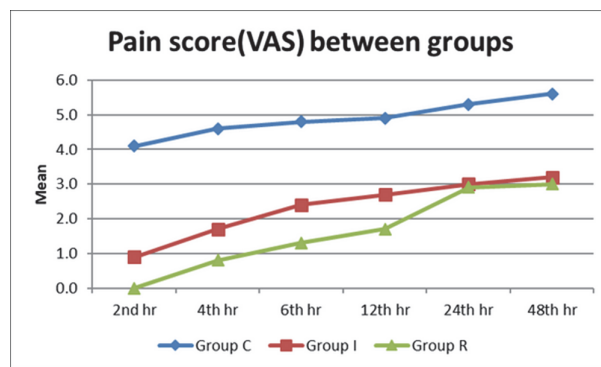
Methods After written informed consent 30 adult ASA I,II patients were randomised into 3 groups of 10 patients. Group C (control) received only rescue analgesic on pain, Group I (Intraperitoneal instillation) received 0.25% ropivacaine 40 ml before surgery, Group R (Rectus sheath block) received bilateral block with 30 ml of 0.25% ropivacaine before surgery.

Primary objective-compare the VAS at 2nd,4th,6th,12th,24th,48 hours.

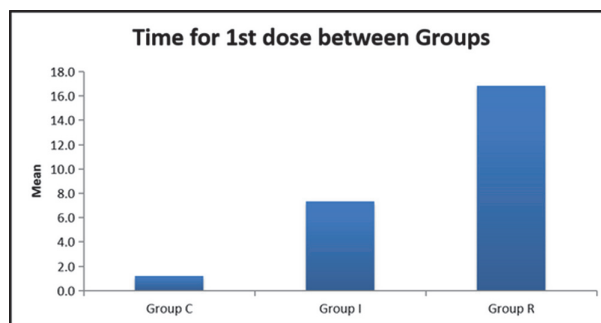
Secondary objectives-assess time for 1st rescue analgesia and tramadol consumption in first 6 hours.

Results The demographic data were comparable.

VAS scores at various intervals were lower in both group R and group I compared to C (p<0.05). VAS in group R was significantly lower than group I (p value <0.05).Total tramadol consumption was lower in group R compared to I and C (p 0.0002). The first rescue analgesia was significantly later in group R (p 0.0005)



Abstract B354 Figure 1



Abstract B354 Figure 2

Abstract B354 Table 1

		Mean	SD	VAS
VAS 2nd hour	Group C	4.1	0.6	0.0005
	Group I	0.9	0.6	
	Group R	0.0	0.0	
VAS 4th hour	Group C	4.6	0.5	0.0005
	Group I	1.7	0.5	
	Group R	0.8	0.6	
VAS 6th hour	Group C	4.8	0.6	0.0005
	Group I	2.4	0.5	
	Group R	1.3	0.5	
VAS 12th hour	Group C	4.9	0.6	0.0005
	Group I	2.7	0.5	
	Group R	1.7	0.5	
VAS 24th hour	Group C	5.3	0.5	0.0005
	Group I	3.0	0.0	
	Group R	2.9	0.3	
VAS 48th hour	Group C	5.6	0.5	0.0005
	Group I	3.2	0.4	
	Group R	3.0	0.0	
TIME FOR 1st DOSE	Group C	1.2	0.1	0.0005
	Group I	7.3	1.4	
	Group R	16.8	0.7	

B355 COMPARING POSTOPERATIVE ANALGESIC EFFECTIVENESS OF ULTRASOUND GUIDED ILIOINGUINAL-ILIOHYPOGASTRIC TRANSVERSUS PLANE-BLOCK AND TRANSMUSCULAR QUADRATUS LUMBORUM PLANE BLOCK IN CAESARIAN SECTION

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Background and Aims Both IL-IH TAP PLANE and TRANSMUSCULAR QL blocks are used in providing postoperative analgesia for abdominal surgeries. Here we are comparing these two techniques in post caesarian section surgery in terms of VAS scores, first rescue analgesia, total analgesic consumption, ease of identifying sonoanatomy and time taken to perform block. It has been shown by several studies that TRANSMUSCULAR QL block gives both visceral and somatic analgesia, there by providing better analgesia.