Ropivacaine 0.375% with Dexmedetomidine 30 mcg was performed. No other analgesia was required for the first 24 hours.

Conclusions Peripheral nerve blocks are a valuable tool in the perioperative management of liver disease paediatric patients.

Background and Aims Thoracic outlet syndrome (TOS) is an uncommon compression syndrome of the subclavian vessels or the brachial plexus that presents with pain, motor weakness, swelling, vasoactive and sensory changes in the affected limb. Treatment often requires thoracic outlet decompressive surgery (TODS). We aimed to assess the efficacy of ESP catheters in pediatric patients undergoing TODS over a 12-year period.

Methods After IRB approval, we did a retrospective chart review of pediatric patients (<18 y) who underwent TODS at a tertiary children’s hospital, between Mar 2010 and Feb 2022. We blindly matched regional analgesia group (RAg) patients with no intervention (Cg) historical controls (1:2). We compared baseline patient characteristics (age, weight, ASA-PS, TOS type/laterality, TODS metrics). Outcomes assessed were postoperative recovery criteria (nausea and vomiting (PONV), itching, constipation, time to floor discharge), hospital length of stay (LoS), pain scores in the first hours, and total oral morphine equivalent (OME) use in the first two days.

Results There were no significant demographic or TODS differences between the groups (Table 1). Blocks took 17.9±7.6 min to complete. Pain scores were decreased in the RAg patients 3–24h postoperatively. Opioid analgesia administered to the RAg in 24h were less than a third than the Cg (Table 2). Non-Opioid analgesia didn’t change (Figure 1). PONV (and possibly pruritus) in the Cg were more prevalent in the first 48h compared to the RAg ($p=0.006$, Table 2).

Conclusions Regional analgesia continuous ESP catheters for TODS decreased pain, OME analgesic use, and some opiate adverse effects in a pediatric historical cohort.