Rectus Sheath Block and Multimodal Analgesia for Anesthetic Management in Emergency Abdominal Surgery: A Case Series

Background and Aims Rectus sheath block (RSB) is a regional anesthesia technique, which provides somatic analgesia (without visceral analgesia) by blocking the ventral rami of the 7th to 12th intercostal nerves with injection of local anesthetic in the space between the rectus abdominis muscle and the posterior intercostal nerves with injection of local anesthetic. It can be used as a part of multimodal analgesia together with usage of non-opioid drugs, such as lidocaine, ketamine and magnesium, providing continuous intravenous infusion during midline incisions in emergency open abdominal surgeries. Multimodal analgesia is recommended for pain management following major surgery. Multimodal analgesia provides excellent analgesia with minimal PONV (2); therefore, we wanted to ascertain if PVA would improve quality of life (QoL) at 2 weeks postoperatively in these patients.

Methods We included female patients of > 18 years, of ASA I-III, scheduled to undergo breast cancer surgery after ethics committee approval. Three validated QoL questionnaires for cancer patients were administered preoperatively and 2 weeks postoperatively i.e. the European Organisation for Research and Treatment of Cancer - QLQ-C30 (primary outcome), BR-23, the FACT-B and WHOQOL-bref questionnaires. (3–5)

PVA group patients received USG, in-plane, PVA at T1-T6 levels together with Pec-s-2 block and propofol sedation whereas the GA group received standard GA.

Results 65 patients were randomised: 34 in the PVA and 31 in GA group. Demographics were comparable except for younger age of PVA patients. At 24 hours lower pain scores (movement), lesser fentanyl consumption was observed in PVA patients [365 mcg (215, 595)] versus GA group [820 mcg (565, 1035)], P = 0.0001. QLQ-C30 scores at 2 weeks post-surgery (global health-QoL, physical, role, cognitive, social functioning) were significantly better in PVA as compared to GA patients after age and baseline score adjustment. Intra-group analysis revealed significant fall in body image, sexual functioning, breast, arm symptoms (QLQ-BR23 scores) and lower emotional, functional scores (FACT-B, WHOQOL-bref) in the GA group.

Abstract LB27 Figure 1

Conclusions Therefore, emotional, physical and functional quality of life was better maintained in PVA patients as compared to GA patients at 2 weeks post-surgery.

Regional Anesthesia Saves the Day When Intubation Is Best Avoided

Onur Kumcu.

There are many benefits of using regional anesthesia (RA) but sometimes performing RA compared to general anesthesia (GA) has some life saving advantages. I would like to share one of our experiences.

51-year-old male patient presented with multiple rib, tibial and scaphoid fractures due to fall from tractor and planned for external fixation. He was 180 cm tall, weighed 120 kg, had a history of obstructive sleep apnea (OSA) and 60 pack-year of smoking. He wasn’t operated before, not on any medications, not allergic to drug and didn’t use cpap or oral device for osas.

He was found conscious, pulse rate (PR) 88/min, blood pressure (BP) 160/80 mmHg and SpO2 94. Airway investigation revealed mallampati score 3, mouth opening 4 cm, thyromental...