included in the review of a prognostic block with local anaesthetics (LA).

In conclusion we can say that RF is a safe, minimal-invasive, technique to treat chronic shoulder pain in middle-long term, but large-scale studies, and controlled comparative-effectiveness trials, are required to better assess efficacy and effectiveness of RF treatments for shoulder pain.

REFERENCES


SP28 ERECTOR SPINAE PLANE BLOCK (ESPB) FOR BREAST SURGERY

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Erector spinae plane block (ESPB) is a novel regional anaesthesia technique that can be used for pain management for various thoracic and abdominal surgeries. In a recent paper by Hussain et al, ESPB is considered as clinically ineffective block for breast surgery, although effect is statistically significant. In various studies and our clinical experience ESPB is found effective in decreasing 24-hour opioid consumption1,–3. Gürkan et al.2 report that ESPB at T4 level with 20mL of 0.25% bupivacaine can decrease 24-hour IV morphine consumption from 16.6±6.92 mg to 5.76±3.8 mg. In another study, Gürkan et al.2 report that ESPB in similar technique decreased 24-hour IV morphine consumption from 14.92±7.44 mg to 5.6±3.43 mg. Aksu et al used double injections at T2 and T4 with 10 mL of 0.25% bupivacaine each, total of 20 mL, it resulted as a decrease in 24-hour IV morphine consumption from 13.2±4.98 mg to 3.02±2.06 mg.

Significant reduction in opioid consumption is especially important, as recent trends in USA shows increasing opioid related death, most importantly synthetic opioid overdose is increasing. At 2019, opioid overdose caused 49,860 deaths in USA, 36,359 of them involved synthetic opioids1. Using multimodal analgesia, including invasive procedures allow us to decrease opioid consumption and avoid long-term effects of opioids, including opioid use disorder. Hussain et al confirms that ESPB succeeds in decreasing IV morphine consumption, while also decreasing the pain scores without decreasing patient comfort.

ESPB has limited reported complications, most of them related to systemic toxicity of local anesthesia, which can be avoided by performing a careful technique and strictly adhering to the general safety rules of regional anesthesia. Therefore, ESPB is clinically effective yet at the same time very safe approach.

Secondary benefits of ESPB have not been proven yet because current studies focused mainly on postoperative opioid requirement. We think that if large case series or studies are performed, we will learn more about secondary benefits of ESPB for breast surgery. These include time to discharge, PONV incidence and the influence on chronic postsurgical pain following breast surgery.

In conclusion, ESPB is a valuable part of multimodal analgesia, it reduces opioid consumption with possible secondary benefits as well. Therefore, we conclude that it must be included in the arsenal of every anesthetist.

REFERENCES


SP29 LOCAL ANAESTHETICS AND TOXICITY: WHAT’S NEW?

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Local anaesthetic systemic toxicity (LAST) is often considered a rare event especially with the increasing use of ultrasound