Background and Aims Total abdominal hysterectomy (TAH) is associated with moderate to severe postoperative pain. Poor pain control impairs recovery after surgery and delays home discharge. Ultrasound-guided (UG) erector spinae plane block (ESPB) has been shown to provide effective analgesia in thoracic procedures, however its efficacy in abdominal surgery is still sparse in the literature. The authors describe the use of preoperative bilateral ESPB to provide analgesia in TAH.

Methods Eleven patients were scheduled for TAH. US-guided cranio-caudally, single-shot ESPB was performed bilaterally at T9 level, with the patient in sitting position (Figure 1). 15 to 20 ml of ropivacaine 0.375–0.5% was administered per side. Standard general anaesthesia was administered afterwards. Written informed consent was obtained from all patients.

Results Postoperative analgesia included paracetamol 1 g 6/6h and ketorolac 30 mg 12/12h. Six patients reported a numeric pain rating scale < 4 and did not require rescue analgesia (meperidine 20 mg iv) in the first 24 hours (Table 1). No side effects or complications were recorded. The most common complaint was urinary discomfort caused by the Foley catheter. All patients were discharged home 2 days after procedure.

Conclusions ESPB is an effective and safe option for acute pain control after TAH, reducing opioids consumption and the need for a more invasive technique as epidural analgesia. However, performing the block at T9 level might have contributed to urinary discomfort described by some patients. Future research on the ideal local anesthetic volume, concentration and level of blockade might improve the results.