

B16 BILATERAL ERECTOR SPINAE PLANE BLOCK AFTER TOTAL ABDOMINAL HYSTERECTOMY: A CASE SERIES

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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.

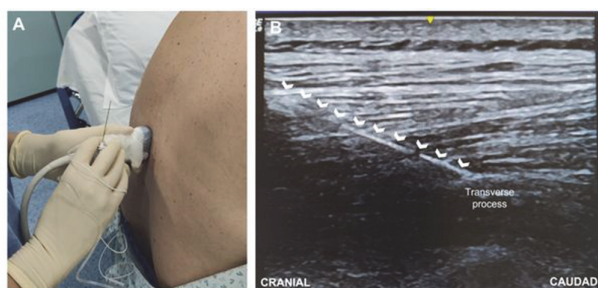


Figure 1. A – Ultrasound transducer position to perform ESPB at T9 level. B – Ultrasound image of thoracic ESPB.

Abstract B16 Figure 1

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.

Abstract B16 Table 1

Patient	1	2	3	4	5	6	7	8	9	10	11
Age (years)	53	67	64	42	42	41	45	45	48	50	43
ASA classification	II	II	I	II	II	II	II	I	II	I	I
Weight (kg)	70	70	57	86	58	83	61	63	69	57	68
LA concentration (%)	0.5	0.5	0.5	0.5	0.5	0.375	0.375	0.5	0.5	0.5	0.5
LA volume per side (ml)	20	17	15	20	20	20	20	20	17	17	17
Rescue analgesia in the first 24h (Y=yes, N=no)	N	N	N	S	S	S	S	S	N	N	N

Table 1. Demographic characteristics, local anesthetic (LA) concentration/volume and the need for rescue analgesia during the first postoperative day.

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.

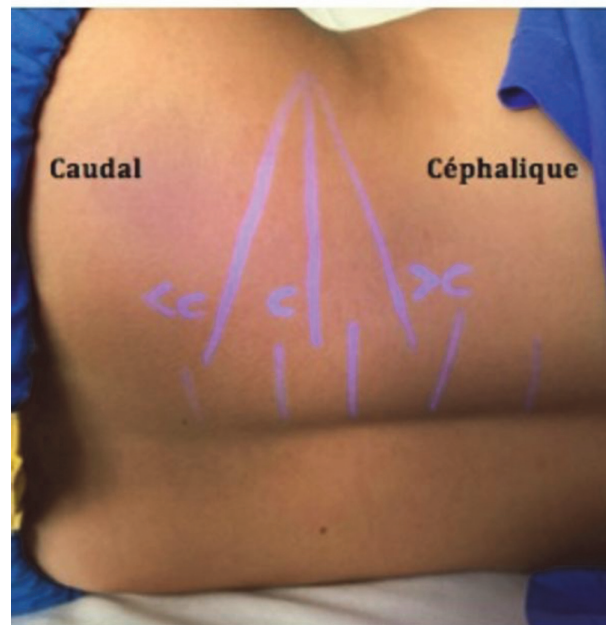
B17 ULTRASOUND-GUIDED LUMBAR PLEXUS BLOCK PARASAGITTAL OR TRANSVERSAL SHAMROCK APPROACH: DO WE HAVE THE SAME EXPECTED L4 LEVEL?

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Background and Aims Ultrasound-guided lumbar plexus block (ULPB) can be performed using two approaches: a parasagittal (PSA) or transversal (TA). The PSA and TA have been described targeting the location of transverse process of the 4th lumbar vertebra (L4). A higher approach may promote organ puncture complication. We hypothesised that TA ULPB might promote a higher level of puncture than expected.

Methods After informed consent, 50 volunteers were studied. Each volunteer was landmarked bilaterally, using PSA and an invisible ink pen from T12 to L5 transverse process location. A landmarked horizontal line parallel from both iliac crests was drawn. We named this line "C". Once we obtained the typical image of ULPB using TA passing from line C, we oriented caudally and cephalad the probe to visualise the lumbar plexus on the level directly above and under. We named these lines ">C" for the level above and "<C" for the level under.



Abstract B17 Figure 1