



Abstract OP019 Figure 1 Lumbal Vs thoracic epidural

**Conclusions** Adding epinephrine to the epidural local anesthetic agent appeared to prevent the development of low blood pressure in patients who received thoracic blocks. We look forward to expanding our study to increase our sample size and perform primary comparisons stratified by block type.

**OP020 EFFICACY OF 20% INTRAVENOUS LIPID EMULSION AS A REVERSAL AGENT OF SPINAL ANAESTHESIA: A DOUBLE BLINDED RANDOMIZED CONTROLLED TRIAL**

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**Background and Aims** A 20% intravenous lipid emulsion (ILE) entraps the lipophilic local anaesthetics and has been useful in managing its systemic toxicity. We hypothesize that ILE can reverse the effects of spinal anaesthesia with the same mechanism.

**Methods** This was a randomized double-blinded controlled trial, sixty patients, aged >18 years were recruited; the ILE group (n = 29) received ILE (1.5 ml/kg bolus followed by

0.25 ml/kg/hr infusion over 30 minutes), and the control group (n = 31), an equal volume of normal saline at the end of surgery. The outcomes measured were: time for 1 and 2-segment sensory regression and time for complete motor and sensory regression from the time of administering study drugs.

**Results** The demographic profile of patients were comparable in both groups. One segment sensory regression (21.72 ± 2.33 min versus 29.03 ± 2.56 min, p-value <0.001) and 2 segments sensory regression (43.45 ± 4.65 min versus 58.1 ± 5.11 min, p-value <0.001) were significantly faster in patients who received ILE. Complete sensory recovery (200.69 ± 19.81 min versus 237.1 ± 17.93 min, p-value <0.001) and motor recovery (157.76 ± 13.1 min versus 193.55 ± 23.03 min, p-value <0.001) were significantly faster in the ILE group from the end of surgical procedure.

**Conclusions** A 20% ILE significantly reversed the spinal anaesthesia in terms of faster sensory and motor recovery as compared to the control group. Our results encourage the use of ILE in situations like high or total spinal anaesthesia; however, more studies with larger sample sizes are recommended.

**OP021 COMPARISON OF ANALGESIC EFFICACY OF ULTRASOUND GUIDED SACRAL ERECTOR SPINAE PLANE BLOCK WITH CAUDAL EPIDURAL BLOCK IN CHILDREN UNDERGOING LOWER ABDOMINAL AND LOWER LIMB SURGERY UNDER GENERAL ANAESTHESIA: AN EXPLORATORY RANDOMIZED CONTROL TRIAL**

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**Background and Aims** To study the analgesic efficacy of sacral erector spinae plane (ESP) block as compared to caudal epidural in children undergoing lower limb and lower abdominal surgery under general anaesthesia (GA). Though caudal epidural provides excellent pain relief, it has certain limitations. Sacral ESP block is a recently described regional anaesthesia technique where a local anaesthetic (LA) agent is deposited above the sacral bone and below the erector spinae muscle.

**Methods** The study was an exploratory randomized controlled trial. A total of 50 children aged 1–9 years received either ultrasound-guided caudal or sacral ESP block after induction of GA. The outcomes measured were the duration of analgesia, pain scores (FLAC-Revised scale), total rescue analgesia required in 24 hrs.

**Results** A total of fifty children were included, 25 in each group. The demographic profile of children, type of surgery, duration of surgery, and anaesthesia were comparable. Time to the first requirement of analgesia (mean ± SD), were comparable in both the groups (873.6 ± 516.74 mins vs 828 ± 583.78 mins). The total duration of analgesia was also comparable in both the groups (965.8 ± 473.70 min in Sacral ESP vs 1003.8 ± 562.92 min in the caudal group, P value 0.789).