

major abdominal surgeries in a doubled blinded randomized control trial.

Methods Patients were randomized into B and BF groups. The outcomes measured were peri-operative rescue opioid requirement, opioid-related side effects, dose of bupivacaine required to achieve T4 level, pain scores, conversion to general anaesthesia, hemodynamic stability, patient and surgeon satisfactions, gut motility, length of hospital stays, in-hospital morbidity and mortality

Results A total of 50 patients underwent T-CSA technique, 25 in each group. The opioid based group performed significantly better compared to bupivacaine alone group with respect to decreased intrathecal bupivacaine requirement [induction (p=0.012) and maintenance (p=0.031)], post-operative rescue fentanyl requirement (p=0.018), pain scores at rest at 0, 18, 24 hours and patient satisfaction (p =0.032) at the cost of increased post-operative nausea and vomiting (PONV)

Conclusions Opioid based T-CSA reduced postoperative rescue analgesia requirement, improved patient satisfaction and better postoperative analgesia with manageable PONV when compared with bupivacaine alone group. But both groups, provided equal surgical anaesthesia conditions. We did not observe single morbidity, re-exploration, re-admission and in hospital mortality in any of groups. However, more studies with the larger sample size and different optimal combinations of drugs are required to establish the role of CTSA in major abdominal surgery.

EP188

SERRATUS ANTERIOR PLANE BLOCK FOR MINIMAL INVASIVE CARDIAC SURGERY: A SUBGROUP ANALYSIS OF A SINGLE CENTER RANDOMIZED- CONTROLLED TRIAL

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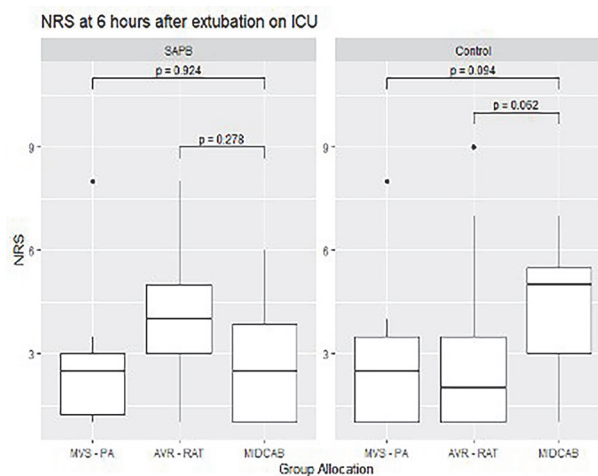
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Background and Aims Regional anesthesia for minimal invasive cardiac surgery (MICS) gained interest as part of Enhanced Recovery After Cardiac Surgery (ERACS) protocols. At our institution, mitral valve surgery through port access (MVS-PA), aortic valve replacement via right anterior thoracotomy (AVR-RAT) and minimally invasive direct coronary artery bypass (MIDCAB) surgery are regularly performed MICS procedures. This study aims to investigate whether the addition of a single-shot SAPB to the standard institutional practice reduces NRS in MICS patients.

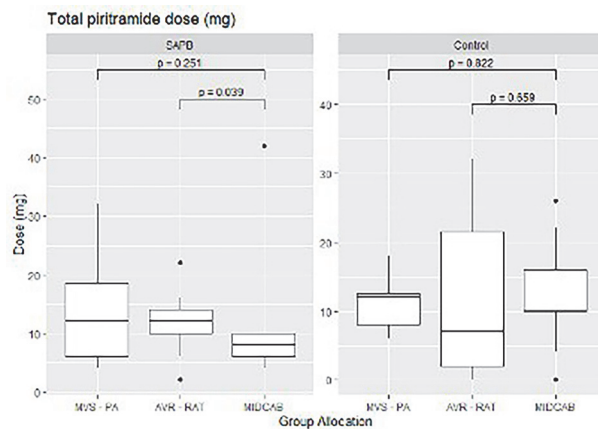
Methods After obtaining consent, 80 MICS patients were randomized to receive either an additional SAPB after surgery (levobupivacaine 0.25%, dosed at 1.25 mL/kg) or IV piritramide as per protocol alone. The primary outcome is Numeric Rating Scale (NRS), 6 hours after extubation. Secondary outcome measure is total piritramide consumption in the ICU. A subgroup analysis per MICS procedure is performed.

Results In the SAPB group (n = 42), MIDCAB patients had a significant NRS reduction of nearly 2 points (difference: 1.71; 95% CI: 0.412 - 2.945; p = 0.023). In the SAPB group,

postoperative opioid consumption was reduced by 2.3 mg; however, the 95% CI spans 0 (-3.948 - 7.344; p = 0.048).



Abstract EP188 Figure 1 NRS at 6h



Abstract EP188 Figure 2 Total piritramide dose

Abstract EP188 Table 1 Demographics

	SAPB group (n = 42)	Control group (n = 38)	
Age (median (IQR))	69,5 (13,75)	67 (10,75)	p = 0,765
Sex – male (n (%))	27 (49,1 %)	28 (50,9 %)	χ ² - p = 0,51
Sex – female (n (%))	15 (60 %)	10 (40 %)	
BMI (mean (95%CI))	26,3 (18,71 – 33,87)	26,4 (19,43 – 33,39)	p = 0,888
Smoking (n (%))	6 (14,3 %)	4 (10,5 %)	χ ² - p = 0,866
Euroscore-II (% , median(IQR))	1,23 (0,78 – 1,57)	0,93 (0,7 – 1,49)	p = 0,461

Conclusions In patients undergoing a MIDCAB procedure, our study demonstrates adequate pain relief when a superficial SAPB is performed. Reported pain scores at 6h and piritramide consumption were lower during ICU stay. Future research needs to investigate the added value of the SAPB in the recovery of MICS patients.

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