

## EP189 REVIEWING THE INDICATIONS FOR EPIDURAL ANALGESIA IN THE PARTURIENT WITH HIGH BMI

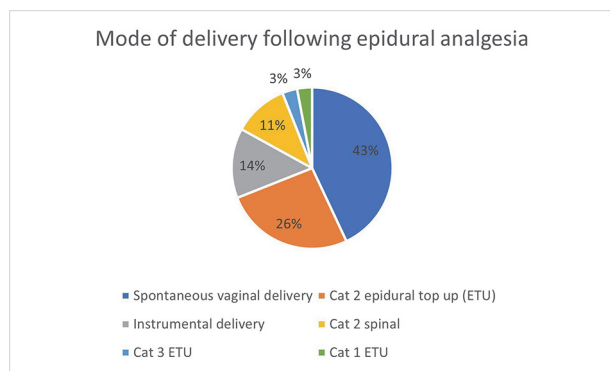
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**Background and Aims** Epidural analgesia is accepted as the gold standard for pain relief in labour. Maternal obesity is increasingly common and is known to be associated with morbidity. The American Society of Anesthesiologists suggests early placement of an epidural in women with obesity to reduce the need for general anaesthesia if an emergent procedure becomes necessary. We wanted to review the use of epidural analgesia and how commonly it was used for emergent caesarean section.

**Methods** We conducted a retrospective review from 2019 to 2022. This was done by searching the notes for women with a BMI >40 kg.m<sup>-2</sup>. The search identified age, BMI, use of epidural analgesia and type of anaesthetic.

**Results** We identified a total of 780 women with an average BMI of 42.7 kg.m<sup>-2</sup>. 166 women (21.2%) had an epidural placed for pain relief in labour. The mode of delivery following epidural analgesia is shown in the attached chart.



Abstract EP189 Figure 1 Mode of delivery following epidural analgesia

**Conclusions** Our results show a low uptake of epidural analgesia in this group which is similar to the rate in the non-obese population. The most common mode of delivery following epidural analgesia was spontaneous vaginal delivery. Only 29% of epidurals were used for category 1 and 2 LSCS. This questions the recommendation about an early epidural in this group. We either need to advocate more strongly for epidurals to improve their usage in this group or stop giving this advice and accept that only in a small minority of cases will an epidural prevent use of a GA in an emergent procedure.

## EP190 ANALGESIC EFFICACY OF PARASACRAL SCIATIC AND PERICAPSULAR NERVE BLOCK VS PER CAPSULAR NERVE BLOCK FOR TOTAL HIP REPLACEMENT SURGERIES: A RANDOMISED CONTROLLED TRIAL

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**Background and Aims** Total hip replacement (THA) is recommended with multimodal analgesia, with peripheral nerve blockade being popular due to its opioid sparing properties1–4. PENG (Pericapsular Nerve Group) block, which has shown analgesic efficacy in THA, preserves sensory supply to the posterior hip capsule5–8. this study compares the analgesic efficacy of PENG block with PENG and PS sciatic nerve block, which blocks the sensory supply to the posterior capsule7,9,10

**Methods** After informed written consent, 30 ASA (American Society of Anaesthesiologist's) classification I and II patients scheduled for elective THA were randomised into two groups A and B. After induction of general anaesthesia, Group A received US guided PENG block whereas Group B received combined PENG and PS sciatic nerve block. Post-operatively patients were administered intravenous(IV) fentanyl via. Patient Controlled Analgesia(PCA) pump. Analgesia was compared to PCA fentanyl consumption at 24 and 48 hours, as well as the numerical rating scale (NRS) score at different time intervals

**Results** Group B had reduced 24 hour (88.3±2mcg vs 69.3±28.5mcg) and 48 hour (158.7±26.4 mcg vs 118.1±24.2 mcg) IV fentanyl intake. In groups A and B, the time for rescue analgesia was 124.51 minutes (min) and 171.2 minutes (min), respectively. Patients in both groups were mobilised 24 hours after surgery, with a median worst NRS score of 4.

**Conclusions** Combined PENG and PS sciatic nerve block reduces perioperative fentanyl consumption and pain scores in THA patients compared to PENG block.

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## EP191 EFFICACY OF DIFFERENT APPROACHES OF QUADRATUS LUMBORUM BLOCK FOR POSTOPERATIVE ANALGESIA AFTER CESAREAN DELIVERY: A BAYESIAN NETWORK META-ANALYSIS OF RANDOMIZED CONTROLLED TRIALS

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**Background and Aims** Various approaches to quadratus lumborum block (QLB) have been found to be an effective analgesic modality after cesarean delivery (CD). However, the evidence for the superiority of any individual approach is still elusive. Therefore, we conducted this network meta-analysis to compare and rank the different injection sites for QLB for pain-related outcomes after CD.

**Methods** PubMed, EMBASE, SCOPUS, and the Cochrane Central Registers of Controlled Trials (CENTRAL) were searched for randomized controlled trials evaluating the role of any approach of QLB with placebo/no block for post-CD pain. The primary outcome was parenteral consumption of morphine milligram equivalents in 24 postoperative hours. The secondary endpoints were early pain scores (4-6 hours), late pain scores (24 hours), adverse effects, and block-related complications. We used surface under cumulative ranking (SUCRA) probabilities to order approaches. The analysis was performed using Bayesian statistics (random-effects model).

**Results** Thirteen trials enrolling 890 patients were included. The SUCRA probability for parenteral morphine equivalent