TO COMPARE THE EFFECTS OF 0.2% ROPIVACAINE CONTINUOUS INFUSION (CI) VERSUS PROGRAMMED INTERRMITTENT BOLUS (PIB) ON POSTOPERATIVE ANALGESIA WITH ADDUCTOR CANAL BLOCK, IN PATIENTS UNDERGOING UNILATERAL KNEE ARTHROPLASTY- A RANDOMIZED CONTROL TRIAL

Serina Stephen*. Anaesthesia, CHRISTIAN MEDICAL COLLEGE, VELLORE, INDIA, Vellore, India

Background and Aims Multimodal regimens, are the mainstay of postoperative analgesia. This study compares analgesic efficacy of, Programmed Intermittent Bolus (PIB) and Continuous. Infusion (CI) pumps, ultrasound guided Adductor Canal Block (ACB) with catheter, for unilateral knee arthroplasty.

Abstract EP192 Figure 1 Consort diagram

Methods Ethical and Clinical Trial Registry approved, included patients were randomized into two groups, intraoperatively, either general, or spinal anesthesia, pericapsular infiltration, postoperatively, ACB, received 0.2% Ropivacaine. Group-I, PIB pump 10 milliliters every 3 hours, Group-II, 6 milliliters/hour as CI. Additionally, both groups received Patient Controlled Analgesia (PCA) with 5 milliliters boluses and 30 minutes lockout interval. The Numerical Rating scale (NRS) score, plasma concentration of 0.2% Ropivacaine, adjunct analgesics, quadriceps strength by straight leg rising (SLRT) test, Medical Research Council (MRC) scale for motor power, monitored at 0, 1, 4, 8, 24, 48, 72 hours, and Likert scale for patient satisfaction, measured at 72 hours. Sample size calculation, a difference in the NRS of two points to be clinically meaningful. Power of 0.80 and Standard Deviation (SD) of 2 points, it took at least seventeen patients from each group to detect a 2-point difference in NRS pain levels.

Conclusions The anterior approach QLB had a superior probability for most patient-centric outcomes for patients undergoing CD. The findings should be confirmed through large RCTs.