

Abstract EP200 Figure 3 Wound healing

**Conclusions** Contrary to what has been found with cancer originating from epithelial cells, lidocaine does not prevent adhesion and migration of osteosarcoma and Ewing sarcoma cells from mesenchymal origin. Further investigations, including Src pathway activation, would be required to identify mechanistic differences between cells of epithelial or mesenchymal origin towards anti-metastatic properties of local anesthetics.

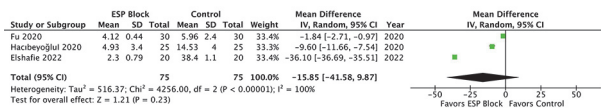
**EP201 IMPACT OF ERECTOR SPINAE PLANE BLOCK IN OPEN HEPATECTOMY PATIENTS: A SYSTEMATIC REVIEW AND META-ANALYSIS**

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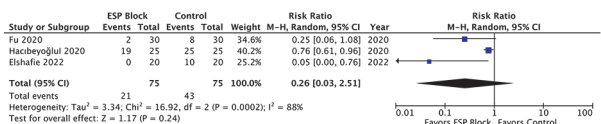
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**Background and Aims** This meta-analysis aims to evaluate the impact of Erector Spinae Plane (ESP) block on opioid consumption within the first 48 hours postoperatively in patients undergoing open hepatectomy and its effects on postoperative nausea and vomiting (PONV).

**Methods** PubMed, EMBASE, and Cochrane were searched for randomized controlled trials (RCTs) comparing the ESP block to IV analgesia for open hepatectomy in adults. We assessed incidence of PONV and opioid consumption in the postoperative period. Statistical analyses were performed using RevMan 5.4. Risk of bias was appraised using the RoB-2 tool. (PROSPERO – CRD42023415616).



Abstract EP201 Figure 1 There was no difference in opioid consumption between groups



Abstract EP201 Figure 2 The incidence of PONV did not show statistically significant differences between the ESP block and the control group

**Results** We analyzed 3 RCTs involving 150 patients, of whom 50% underwent ESP block. No significant differences were found in opioid consumption (figure 1) or incidence of PONV (figure 2) between the groups.

**Conclusions** According to the results of our meta-analysis, the performance of the ESP block in patients undergoing open hepatectomy does not result in a significant difference in opioid consumption during the initial 48 hours following the surgical procedure. This may be due to the high heterogeneity between the findings reported by the accessed RCTs. Additionally, there was no difference in the incidence of PONV. These results suggest that further studies with less heterogeneous protocols are needed.

**EP202 THE EFFECT OF ADDING DEXMEDETOMIDINE TO THE LOCAL ANESTHETIC SOLUTION FOR ULTRASONOGRAPHY-GUIDED TAP BLOCK IN INGUINAL HERNIA REPAIR. A RANDOMIZED CONTROLLED STUDY**

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**Background and Aims** This prospective double-blind randomized study aimed at evaluating the analgesic efficacy of ultrasonography-guided transversus abdominis plane (TAP) block when adding dexmedetomidine to the local anesthetic solution in patients undergoing unilateral elective inguinal hernia repair under general anesthesia.

**Methods** Fifty-eight patients were allocated to TAP block with either a solution of 25ml ropivacaine 0.5% and 2ml N/S 0.9% (group R) or a solution of 25ml ropivacaine 0.5% and 2ml dexmedetomidine 0.5 mcg/kg (group RD). The primary end point was pain score during movement 24 hours postoperatively as assessed with the numeric rating scale (NRS). Secondary endpoints included pain scores during rest and during movement at several time points postoperatively, intraoperative remifentanyl consumption, morphine administration in the Post Anesthesia Care Unit (PACU) and 24-hour postoperative morphine consumption administered via a patient-controlled analgesia device (PCA). Six and twelve months postoperatively, the occurrence of chronic pain was assessed by phone interview.

**Results** There was not significant difference demonstrated between the two groups as to the primary endpoint. However, the RD group demonstrated lower intraoperative remifentanyl consumption (p<0.001), lower PACU morphine requirement (p=0.04), lower PCA morphine requirement (p=0.01) and lower NRS scores 3 hours postoperatively both at rest and during movement (p=0.02 and p=0.034) as compared to the R group. Additionally, the incidence of chronic pain at 6 months was significantly lower in the RD group compared to the R group (p=0.025).

**Conclusions** Dexmedetomidine added to the local anesthetic mixture during TAP block performance seems to affect aspects of acute and chronic postoperative pain after inguinal hernia repair.

Ethics Committee Approval