

procedure 1 anaesthetic registrar bleep, demonstrating no significant impact on workload

Conclusions • The RAAB is a simple, effective, patient safety initiative for monitoring complications after NA in obstetric patients • Patients are empowered and actively involved in safer obstetric anaesthetic care • This tool may be easily adapted to widespread perioperative practice, to facilitate the provision of safe neuraxial anaesthesia and peripheral nerve blocks

Paediatric – Free papers 3

OP032 COMPARISON OF CAUDAL BLOCK AND SACRAL ERECTOR SPINAE BLOCK FOR POSTOPERATIVE ANALGESIA IN CIRCUMCISION IN PEDIATRIC PATIENTS: A DOUBLE-BLIND, RANDOMIZED CONTROLLED TRIAL

¹Volkan Ozen, ²Ayca Sultan Sahin*, ³Elif Aybike Ayyıldız, ⁴Mehmet Eren Acik, ⁵Tayfun Eliyeten, ⁶Nurten Ozen. ¹Prof. Dr. Cemil Tascioglu City Hospital, Department of Anesthesiology and Reanimation, Istanbul, Turkey., Prof. Dr. Cemil Tascioglu City Hospital, Department of Anesthesiology and Reanimation, Istanbul, Turkey., Istanbul, Turkey; ²Istanbul, Turkey; ³Kanuni Sultan Süleyman Education and Training Hospital, Anesthesiology and Reanimation, Istanbul, Turkey; ⁴Demiroglu Bilim University, Department of Anesthesiology and Reanimation, Istanbul, Turkey., Demiroglu Bilim University, Department of Anesthesiology and Reanimation, Istanbul, Turkey., Istanbul, Turkey; ⁵Kapadokya University, Kapadokya Vocational School, Department of Medical Services and Techniques, Division of Dialysis, Nevşehir, Turkey, Kapadokya University, Kapadokya Vocational School, Department of Medical Services and Techniques, Division of Dialysis, Nevşehir, Turkey, Nevşehir, Turkey; ⁶Demiroglu Bilim University, Florence Nightingale Hospital School of Nursing, Istanbul, Turkey., Demiroglu Bilim University, Florence Nightingale Hospital School of Nursing, Istanbul, Turkey., Istanbul, Turkey

10.1136/rapm-2023-ESRA.32

Please confirm that an ethics committee approval has been applied for or granted: Yes: I'm uploading the Ethics Committee Approval as a PDF file with this abstract submission

Application for ESRA Abstract Prizes: I apply as a Trainee/ Resident/Fellow (no age limit)

Background and Aims Circumcision may cause serious postoperative pain and patients often require additional analgesia. The caudal block (CB) is a commonly used regional anesthesia method to provide effective postoperative analgesia in circumcision. The erector spinae plane (ESP) block has been shown to provide effective postoperative analgesia when performed from the sacral level for urogenital surgery in pediatric patients. Aim of this study was to compare the analgesic efficacy of sacral ESP block and CB in pediatric circumcision.

Methods Male patients aged 1-7 years in the ASA I-II group, who were scheduled for circumcision, were included in the study. A CB or ultrasound (US) guided SESP block was performed under general anesthesia before the operation. Postoperative pain was evaluated using the Face, Legs, Activity, Cry and Consolability (FLACC) scores. Analgesic requirements in the first 24 hours postoperatively, time of first analgesia need, and complications were recorded.

Results A total number of 150 patients (n=75 for CB, n=75 for SESP block) included in the study. Urinary retention was observed in 9 patients in the CB group. No side effects were observed in the SESP group. The 4th and 6th hours postoperative FLACC scores were lower in the SESP group. Analgesic consumptions in the first 24 hours postoperatively was significantly lower in the SESP group (p <0.001).

Conclusions SESP block provided more effective pain relief and prolonged analgesia compared to the CB and had no complications. US guided SESP block is a simple and safe regional anesthesia method for postoperative analgesia after circumcision.

OP033 ANALGESIC EFFICACY OF EXTERNAL OBLIQUE INTERCOSTAL PLANE BLOCK IN PEDIATRIC PATIENTS UNDERGOING UPPER ABDOMINAL SURGERIES: A CASE SERIES

Shruti Shrey*, Chandni Sinha, Amarjeet Kumar, Ajeet Kumar. *Anesthesiology, All India Institute of Medical Sciences, Patna, Patna, India*

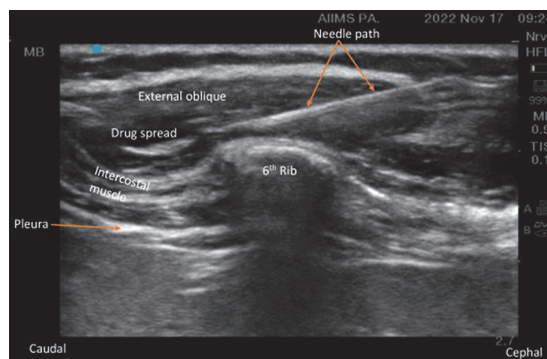
10.1136/rapm-2023-ESRA.33

Please confirm that an ethics committee approval has been applied for or granted: Not relevant (see information at the bottom of this page)

Application for ESRA Abstract Prizes: I apply as a Trainee/ Resident/Fellow (no age limit)

Background and Aims Upper abdominal surgeries with subcostal incisions are a cause of severe pain and can lead to significant respiratory impairment. Neuraxial or regional anaesthesia techniques are method of choice for pain management in these cases but, there are many limitations to it. External oblique intercostal block is a novel fascial plane block which aims to provide upper midline and lateral abdominal wall analgesia thereby reducing perioperative opioid consumption.

Methods We describe case series of five patients who underwent upper abdominal surgeries with subcostal incision. Induction of general anaesthesia was performed with intravenous Fentanyl 2 µg/kg, Propofol 2 mg/kg and Atracurium 0.5 mg/kg. With patient in supine position ultrasound guided External Oblique Intercostal Plane block was performed with 0.5ml/kg of 0.2% Ropivacaine. Intraoperative any increase in HR/MAP more than 20% was treated with additional fentanyl doses of 1mcg/kg. Total intraoperative fentanyl consumption was noted. After skin closure Paracetamol suppository 20mg/kg was given to all the patients. Postoperatively Injection Tramadol 1mg/kg IV was given as rescue analgesia for patients if FLACC score ≥4



Abstract OP033 Figure 1 Sonoanatomy of external oblique intercostal plane block

Results Mean intraoperative fentanyl consumption was 38 ±4.52mcg, median FLACC score was 2(1-3) over each time