period and mean time for first rescue analgesia was 10±7.2 hours.Total postoperative tramadol consumption was 26 ±8.34mg.None of the patients developed nausea,vomiting or LAST.

Conclusions EOI block is a promising technique for perioperative analgesia in surgeries with subcostal incision.It offers the advantage of having easily identifiable sonographic landmarks and can be performed with the patient in the supine position. A regional analgesia technique like this would reduce perioperative opioid requirement and enhance early mobilisation and recovery.

OP034 ULTRASONOGRAPHIC EVALUATION OF DIFFICULT AIRWAY IN OBESE PATIENTS; A PROSPECTIVE STUDY

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Background and Aims Airway management is important in patients with obesity because of their anatomical and physiological characteristics. Th aim of this study is to evaluate the usefulness of ultrasonographic measurements of anterior neck soft tissue thickness for assessment of difficult mask ventilation (DMV) and difficult laryngoscopy (DL) in obese patients.

Abstract OP034 Table 1 Demographic data and preoperative airway parameters

Parameters	All (n:128)
Age (year)	50.4±12.2
Gender	
Male	30 (23.4 %)
Female	98 (76.6 %)
ASA physical status	
I	0 (0 %)
II	72 (56.3 %)
III	56 (43.8 %)
Weight (kg)	102±17.3
Height (m)	1.64±0.08)
BMI (kg/m^2)	38.0 ±5.19
Mallampati score	
1	20 (15.6 %)
2	56 (43.8 %)
3	33 (25.8 %)
4	19 (14.8 %)
Thyromental distance	
>6 cm	2 (1.6 %)
<6 cm	126 (98.4 %)
Mouth opening inter-incisor distance	
<3 cm	1 (0.8 %)
>3 cm	127 (99.2 %)
Neck circumference (cm)	41.3± 4.05
Neck movement limitation	
Yes	7 (5.5 %)
No	121 (94.5 %)
Stop bang scoring	
Low	26 (20.3 %)
Medium	59 (46.1 %)
High	43 (33.6 %)
Surgery	
Abdominal surgery	57 (44.6 %)
Gynecologic surgery	8 (6.3 %)
Ear nose throat	2 (1.6 %)
Breast surgery	10 (7.8 %)
Obesity surgery	21 (16.4 %)
Orthopedic surgery	7 (5.5 %)
Spinal surgery	5 (3.9 %)
Urological surgery	18 (14.1 %)

Data are expressed as n (%) or mean ± STD.
ASA: American Society of Anaesthesiologists. BMI: Body Mass Index

Abstract OP034 Table 2 Ultrasound distance graded for DMV and DL

		DMV Han scale		DL Modified Cornmack-Lehane Scale	
	Total, n:128	Easy, n:113	Difficult, n:15	Easy, n:114	Difficult, n:14
DSHB	0.74 (0.26)	0.73 (0.25)	0.84 (0.34)	0.73 (0.26)	0.84 (0.32)
DSE	2.29 (0.34)	2.28 (0.34)	2.38 (0.32)	2.30 (0.33)	2.20 (0.35)
DSAC	0.99 (0.26)	0.98 (0.25)	1.09 (0.31)	0.99 (0.25)	1.04 (0.34)
DST	1.55 (0.32)	1.56 (0.31)	1.48 (0.39)	1.55 (0.32)	1.53 (0.30)
DSI	0.86 (0.20)	0.87 (0.19)	0.86 (0.28)	0.86 (0.20)	0.86 (0.23)

* All pairwise comparison analysis results were calculated as p>0.05.
Numerical data are expressed as mean (SD) centimetres. DL, difficult laryngoscopy;
DMV, difficult mask ventilation; DSAC, distance from skin to anterior commissure of the vocal cords;
DSEM, distance from skin to epiglottis midway; DSHB, distance from the hyoid bone to skin surface;
DSTI, distance from the thyroid isthmus to skin surface; DSTJ, distance from skin to trachea at jugular notch.

Methods This prospective study was conducted between February 2020 and March 2022. Preoperative demographic data, airway findings, presence of sleep apnea, and STOP-Bang scores were recorded. The distance from the skin to the hyoid bone (DSHB), distance from the skin to the anterior commissure of the vocal cords (DSAC), minimum distance from the skin to the trachea at the level of the suprasternal notch (DST), distance from the skin to the thyroid isthmus (DSI), and distance from the skin to the epiglottis (DSE) were measured. The degree of DMV and DL was quantified.

Results Patients aged 18–65 years (n = 128; 30 men and 98 women) were included in this study. The mean patient age, body mass index, and neck circumference were 50.4±12.2 years, 38.0±5.19 kg/m2, and 41.3±4.05 cm, respectively. The incidence of DMV and DL was 11.7% and 10.9%, respectively. DMV showed a significant relationship with neck circumference (P=0.02), while difficult airways showed no relationship with anterior neck soft tissue ultrasonography measurements (DSHB, DSAC, DST, DSI, and DSE).

Conclusions Anterior neck soft tissue measurements may not predictive of DL and DMV in obese patients.

OP035 EFFICACY OF DEXMEDETOMIDINE AS AN ADJUVANT TO QUADRATUS LUMBORUM BLOCK FOR CHILDREN UNDERGOING INGUINAL SURGERIES. A PROSPECTIVE RANDOMIZED TRIAL

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Background and Aims We aimed to compare the effects and potential side effects of two different doses of dexmedetomidine, added as an adjuvant to bupivacaine in the QLB, on the time to first rescue analgesia requirement within the first 24hours postoperatively, postoperative pain scores, analgesic consumption, hemodynamic parameters, postoperative sedation, and agitation scores in pediatric patients undergoing inguinal region surgery.