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.

Methods A prospective, double-blind, randomized controlled study was conducted, including 60 patients aged between 1 and 7years undergoing inguinal region surgery. The QLB was performed in GroupI with bupivacaine only(0.25%,0.5ml/kg), in Group II added 0.5 µg/kg, and in GroupIII added 1µg/kg dexmedetomidine. Perioperative hemodynamic parameters, postoperative Ramsey Sedation and Watcha Behavior Scale, FLACC score within the first 24 hours, time to first analgesic requirement, and the amount of additional analgesic given were recorded.

Results The time to request the first rescue analgesia was significantly prolonged in groupII and III[Mean±SD(95% CI)] 1128± 98.6(921.5-1334) and 1200±81.2(1030-1370) min. vs groupI 758±99.6(499.5-916.5) min.,p 0.001). We did not find a significant difference in the time to first rescue analgesia between Groups II and III. There was a significant decrease in the amount of rescue analgesia consumption in GroupII and III than Group I(p=0.001). We found higher Ramsey Sedation Scale scores and lower Watcha Behavior Scale scores in GroupsII and III.

Conclusions Both doses of dexmedetomidine similarly have been shown to prolong the duration of analgesia, reduce postoperative pain scores and decrease the need for rescue analgesics. Therefore, the 0.5 µg/kg dose may be a good alternative to higher doses of dexmedetomidine.

OP036 SPINAL ANESTHESIA IN INFANTS: IS IT TIME FOR A CHANGE?

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Background and Aims The technique for spinal anesthesia placement in infants has not changed for over 130 years. The standard approach is a landmark-based technique using palpation of the vertebral interspaces and blind advancement of the needle into the intrathecal space. However, with the advancements in ultrasound technology, there may be an opportunity to use direct imaging to improve the success rate of this procedure in infants. Our primary objective was to conduct a retrospective analysis of our spinal anesthesia practices at Boston Children's Hospital in infants

Methods This was a retrospective observational study. Data was obtained from the electronic anesthesia record. The comparison of ultrasound-guided and landmark-based approaches for spinal anesthesia was performed using the non-parametric Wilcoxon rank sum test for continuous outcomes and Fisher's exact test for categorical measures. A two-tailed $p<0.05$ was used to determine statistical significance.

Results 197 spinals were performed mostly for inguinal hernia repairs. We encountered a tendency of the ultrasound-guided technique to provide a higher overall success rate and first-pass success rate than the traditional landmark-based technique when performing an infant spinal. No major complications were observed.

Abstract OP036 Figure 1 Ultrasound images for US-guided spinal anesthesia placement

Conclusions Live in-plane ultrasound guidance can improve the first-pass and overall success rate of spinal anesthesia in infants.

OP037 THE ANALGESIC EFFECT OF ULTRASOUND GUIDED ERECTOR SPINAE PLANE BLOCK VERSUS ULTRASOUND GUIDED CAUDAL EPIDURAL BLOCK FOR ABDOMINAL SURGERY IN PEDIATRIC PATIENTS – A PARALLEL GROUP, PATIENT AND ASSESSOR BLIND, RANDOMIZED STUDY

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Background and Aims Pediatric literature on erector spinae plane block (ESPB) versus caudal epidural block is scanty. Hence, we aimed to compare the effect of ultrasound (USG) guided ESPB with USG guided CEB as a component of multimodal analgesia in pediatric patients undergoing abdominal surgery.

Methods This was a randomised, parallel group, outcome and assessor blind study. After institutional ethics committee approval and informed consent, fifty-two patients, aged 1 to 9 were randomized into two equal groups. ESPB group received unilateral or bilateral USG guided ESPB at T10 vertebral level with 0.5 ml/kg 0.25% bupivacaine per side. CEB group