

Methods A prospective, double-blind, randomized controlled study was conducted, including 60 patients aged between 1 and 7 years undergoing inguinal region surgery. The QLB was performed in Group I with bupivacaine only (0.25%, 0.5 ml/kg), in Group II added 0.5 µg/kg, and in Group III added 1 µg/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 group II and III [Mean ± SD (95% CI)] 1128 ± 98.6 (921.5–1334) and 1200 ± 81.2 (1030–1370) min. vs group I 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 Group II and III than Group I ($p = 0.001$). We found higher Ramsey Sedation Scale scores and lower Watcha Behavior Scale scores in Groups II 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.

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.

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

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