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 dexametomidine. 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 Group II and III.

Conclusions Both doses of dexametomidine 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 dexametomidine.

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.

Abstract 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

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...
received ultrasound guided CEB with 1 ml/kg 0.25% bupivacaine. The primary outcome was the proportion of patients requiring rescue analgesia in the 1st 24 hours after surgery. Secondary outcomes were the duration of post-operative analgesia and FLACC scores.

**Results**

Significantly more patients belonging to ESPB than CEB group required rescue analgesia (88.4% versus 42.3% respectively, p value <0.001) in the 1st 24 hours after surgery. The duration of analgesia was shorter in the ESPB group by 9.54 hours (95% CI: 4.51 to 14.57 hours, p=0.000).

Though ESPB group patients had satisfactory FLACC scores, they were inferior to CEB group for the first 6 hours after surgery. No adverse effects were reported in both the groups.

**Conclusions**

Both ESPB and CEB were safe and efficacious. CEB provided a longer duration and better quality of analgesia especially in the first 6 hours postoperatively. ESPB may be considered in pediatric patients undergoing abdominal surgery when CEB is contraindicated or difficult.

Abstract OP038 Figure 1 Paediatric consent aide memoire and documentation template

paediatric-specific data. These tools have begun removing barriers of peripheral RA in our children’s hospital.

Peripheral nerve blocks – Free papers 4

Abstract OP039

**SUPERIOR TRUNK BLOCK IS AN EFFECTIVE PHRENIC-SPARING ALTERNATIVE TO INTERSCALENE BLOCK FOR SHOULDER ARTHROSCOPY: A SYSTEMATIC REVIEW AND META-ANALYSIS**

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Background and Aims The Superior Trunk Block (STB) is being considered as an alternative to Interscalene Block (ISB) for shoulder arthroscopy. This study aims to compare efficacy and safety between these techniques.

Methods PubMed, EMBASE, Scopus and Cochrane were searched for randomized controlled trials (RCTs) comparing the STB to the ISB for shoulder arthroscopies. Outcomes assessed included incidence and extent of hemidiaphragmatic paralysis, pain scores, opioid consumption, patient satisfaction, block duration, and block-related complications. RevMan 5.4 analyzed data. Risk of bias was appraised using the RoB-2 tool.

Results We analyzed 4 RCTs involving 359 patients, of whom 49.5% underwent STB. The results showed that STB resulted in less total hemidiaphragmatic paralysis (figure 2), less subjective dyspnea (figure 3) and lower incidence of Horner’s Syndrome (RR 0.06; 95% CI 0.01 to 0.32; p < 0.001; I² = 0%, 3 RCTs, 221 patients). No statistically significant differences were found between the two groups for other outcomes, except for pain score at rest at 24h, which was favorable to STB (MD -0.75; 95% CI -1.35 to -0.15; p = 0.01). However, we should consider the clinical relevance of this...