

analgesia. Today, lumbar square nerve blocks (LSB) have proved to be an effective method of postoperative analgesia. The aim of our study is to compare CB with LSB in the surgical treatment of inguinal hernia and testicular ectopia in children.

Methods Materials and methods: This was a prospective, randomized, double-blind study comparing the postoperative analgesic efficacy of caudal block versus BCL in pediatric patients who had undergone surgery for inguinal hernia and testicular ectopia under general anesthesia. Sixty children were included, and demographic characteristics, use of intravenous analgesics, complications, FLACC score at H1,2,6 and 12 hours postoperatively, and parental satisfaction by Likert score were collected.

Results Results: 60 patients were included, thirty in each group. there were no significant differences between groups in demographic data ($p > 0.05$). The need for intravenous analgesics for the first 12 hours postoperatively was significantly lower in the LSB group ($p = 0.002$). FLACC scores over 12 hours were significantly lower in the LSB group (H2 and H12 respectively $p = 10^{-3}$, and $p = 0.02$). Parental satisfaction scores were higher in the LSB group ($p = 0.0112$).

Conclusions Conclusion LSB may be a promising alternative in pediatric anesthesia.

#34740 ASSESSMENT OF THE PREEMPTIVE MIDAZOLAM ON HEADACHE AND MYALGIA AFTER ELECTROCONVULSIVE THERAPY COMPARED TO A CONTROL GROUP

¹Zahra Rahimi, ¹Behzad Nazemroaya*, ²Fatemeh Etehadieh. ¹Anesthesiology and Critical Care, medical of university Isfahan, Isfahan, Islamic Republic of Iran; ²NICU, Amir-al-momenin hospital, Isfahan, Islamic Republic of Iran

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Background and Aims Electroconvulsive therapy (ECT) is a controlled electrical stimulus that affects central nervous system and leads to convulsion. Such as every other medical procedure, electroconvulsive therapy has some side effects like headache and myalgia. Patient undergoing electroconvulsive therapy receives different anesthetic drugs and some drugs like Midazolam, Atropine etc. to reduce side effects.

Methods This study included 40 patients who were candidates for receiving electroconvulsive therapy. By using convenience sampling, patients were divided into 2 groups of 20 people. Midazolam were given to one group while the other received placebo. Two patients in midazolam group were removed because of short period of convulsion (lower than 20 seconds). The collected data were analyzed using independent t and chi-square tests.

Results 16 men (42.1%) and 22 women (57.9%) were studied. The incidence of headache ($P < 0.001$), myalgia ($P = 0.014$) and vomiting ($P = 0.011$) was significantly higher in witness group. The incidence of coughing and laryngospasm was not significantly different between the two groups ($P > 0.050$).

Conclusions Midazolam can reduce convulsion time but in most cases, convulsions last more than 25 seconds, which is in therapeutic range. So, it cannot affect the therapeutic value

of electroconvulsive therapy. Preemptive midazolam reduces Post-electroconvulsive-therapy headache and myalgia.

#36506 COMPARATIVE REVIEW CAUDAL VS GENERAL ANESTHESIA IN PEDIATRIC SURGERY

Denis Ismet*, Albena Atanasova, Ivanka Buchakchieva, Bogdan Mladenov. *Department of Pediatric anesthesia and Intensive care, UMHATEM 'N.I.PIROGOV', Sofia, Bulgaria*

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Background and Aims Epidural anesthesia is established as a standard in global medical practice. Caudal anesthesia is a specific case of epidural anesthesia, with proven effectiveness in various surgical interventions aimed at perioperative pain management. Evaluation of the effectiveness is based on pain assessment scales, intraoperative opioid use, and postoperative need for analgesics.

Methods Detailed literature review on the history, techniques, benefits, and complications of caudal and general analgesia in pediatric patients. Development of a protocol for selecting patients suitable for these types of anesthetic technique. The study included patients in the age group of 0-7 years scheduled for elective and emergency surgical interventions suitable for both techniques. Statistical analysis of the obtained results.

Results The provided results for caudal anesthesia in the pediatric population from the Clinic of Pediatric Anesthesiology and Intensive Care, University Hospital 'N.I. Pirogov,' confirm the described results in the literature review on the topic – circulatory stability, high effectiveness of postoperative pain management, reduced need for analgesic drugs postoperatively compared to the data from the general anesthesia group patients.

Conclusions Caudal anesthesia in pediatric patients is relatively safe, with minimal complication rates when properly executed within the indications for this type of anesthesia and preoperative analgesia – effective pain management and reduced psycho-emotional stress, improved quality of hospital stay, decreased opioid requirements, reduced consumption of analgesic drugs postoperatively. With qualified personnel and well-equipped facilities for both execution and management of potential complications, caudal anesthesia becomes the 'gold standard' for the pediatric population.

Attachment Ethic Committee, CaudalvsGeneral.pdf

#35933 LONG TERM EFFECTS OF OPIOID USE PERIOPERATIVE/ POSTOPERATIVE ON PEDIATRIC PATIENTS

¹Janet De La Torre Virgil*, ²Karen Corral. ¹Zapopan, Mexico; ²Universidad Autonoma de Guadalajara, El paso, USA

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