

**#36410 OPIOID-FREE ANAESTHESIA: THE VALUE OF PERIPHERAL AND CENTRAL BLOCKS IN SUBUMBILICAL AND UROGENITAL SURGERY IN CHILDREN**

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**Background and Aims** The aim of anaesthesia is patient and surgeon comfort, avoiding intraoperative memory and pain. OFA is a multimodal anaesthesia technique that provides adequate analgesia while avoiding the side effects of morphine. In this context, a study was carried out using an OFA protocol in sub-umbilical and urogenital surgery in children using loco-regional anaesthesia as an alternative to morphine.

**Methods** Prospective study conducted in the pediatric surgery. This study included children proposed for a surgical procedure scheduled under general anesthesia. Perioperative analgesia by performing peripheral blocks and central blocks according to the type of surgery.

**Results** 82 children were included in the study, 90% of them were male, 42.5% of the children had a weight between 11kg and 15kg. 95% were classified as ASA I. The most common surgery was inguinal hernia in 17.5% followed by testicular ectopy. More than 2/3 of the children underwent outpatient procedures. Intravenous induction was done with propofol in 97.5% of cases at 3-5mg/kg. Laryngeal mask insertion was the upper airway management technique in 57.5%. Pudendal block was the most used technique in 27.5%. Maintenance was done for all children with 2-3% Sevoflurane. 82.5% of the children did not show a change in heart rate or major haemodynamic changes. Only 20% required anticipatory analgesia with Paracetamol. 42.5% of children had mild discomfort in the immediate postoperative period. No child presented with a complication of loco-regional anaesthesia.

**Conclusions** OFA in paediatric anaesthesia allowing adequate analgesia while avoiding the side effects of opioids; respiratory distress which is increased in children, ileus postoperatively.

**#36121 COMBINED REGIONAL ANAESTHESIA APPROACHES FOR POSTOPERATIVE ANALGESIA IN A CHILD UNDERGOING COMPLETE TOTAL SCAPULECTOMY FOR EWING'S SARCOMA**

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**Background and Aims** Ewing's sarcoma (ES) is a high-grade malignant bone tumor, peaking at the teenage years, predominantly in long bones. It is rarely located in the scapula, with 9 of the 15 cases published in the literature occurring in children. We describe here the analgesic plan and outcome for a case of total scapulectomy in a six-year-old female (after completion of the standard ES radio- and chemotherapy protocol), combining elements of regional anaesthesia as part of multi-modal analgesia. Analgesic options for this operation are anatomically challenging and their outcomes have been sparingly described in the literature, mostly in adults.

**Methods** Intraoperatively we chose a combined neuraxial (T3/4 thoracic epidural) and peripheral (posterior tunneled interscalene) continuous catheter approach, as well as multiple opioid sparing techniques (ketamine and dexmedetomidine infusions). A superficial cervical block would not have added a major analgesic benefit to the catheters. The interscalene catheter became displaced during transport to the intensive care unit. We continued epidural treatment for 6 days, with parent-controlled boluses, supplemented with a continuous infusion of morphine, scheduled paracetamol, ketorolac and metamizole combined with gabapentin.

**Results** Satisfactory intraoperative analgesia was achieved with the combination of catheters using a single bolus of fentanyl at induction. The epidural boluses were reported effective by the patient and parents for breakthrough pain.



**Abstract #36121 Figure 1** Surgical approach (preoperative view)