PENG BLOCK WITH DEXMEDETOMIDINE IN COMBINATION WITH LOCAL ANESTHETICS FOR ROBOTIC HIP REPLACEMENT SURGERY ANALGESIA: CASE SERIES

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Methods Randomised controlled observer-blinded single-centre superiority trial comparing the efficacy of the PENG block with no block for patients undergoing primary total hip arthroplasty under spinal anaesthesia. All subjects received multimodal analgesia consisting of paracetamol and celecoxib. The primary outcome was quality of recovery (QoR) at 24 h as measured by the QoR-15 questionnaire

Results A total of 112 participants (56 in each group) were included in the analysis. The median (inter-quartile range [IQR]) 24-h QoR-15 scores were higher in subjects who received a PENG block (132 [116e138]) compared with subjects who did not (103 [97e112]) with a median difference of 26 (95% confidence interval, 18e31; P<0.001). Similarly, QoR-15 at 48 h was higher in the PENG group, and opioid use at 24 and 48 h postoperatively was significantly lower in the PENG group. However, we did not find significant differences in pain score, distance to ambulation, or anti-emetic use at any time point. We did not observe any PENG block-related complications.

QUALITY OF RECOVERY AFTER PERICAPSULAR NERVE GROUP (PENG) BLOCK FOR PRIMARY TOTAL HIP ARTHROPLASTY UNDER SPINAL ANAESTHESIA

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Methods Prior to surgery, demographic features, VAS scores at rest and during mobilization and TUG test duration were recorded. By the termination of surgery, 15 cc%0.5 bupivacaine, 5 cc%2 lidocaine and 100 mcg dexmedetomidine was used for PENG block under USG guidance. All patients received intravenous PCA containing 300 mg tramadol. In the postoperative unit VAS score, vital signs and rescue morphine doses were recorded every 5 minutes of total 30 minutes stay. After discharge from the postoperative unit, time to first PCA bolus dose, hourly VAS score, rescue morphine and tramadol doses, TUG test duration at 24th and 48th hours, total opioid dose and patient satisfaction at discharge were recorded.

Results Adding dexmedetomidine to PENG block analgesic solution nearly prevents postoperative rescue opioid doses and bolus PCA doses. Postoperative VAS scores are extremely low, which offers painless early mobilization and patient comfort.

Conclusions Dexmedetomidine efficacy in prolonging peripheral nerve block analgesia, reducing block site inflammation and postoperative opioid consumption has been described in literature, generally in animal studies, case reports and volunteer studies. Our case series confirm these data and, at the same time, indicate on postoperative opioid consumption reduce, painless mobilization and high patient satisfaction.

MANAGEMENT OF ISCHEMIC PAIN IN AMBULATORY WITH POPLITEAL-SCIATIC PERINEURAL CATHETER – IS IT POSSIBLE?

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Methods Adding a PENG block to a multimodal analgesia regimen that includes paracetamol and celecoxib improves the quality of recovery and reduces opioid requirements for patients undergoing primary total hip arthroplasty under spinal anaesthesia.

Abstract #34369 Figure 1 QoR-15 total by group and postoperative day

Conclusions Adding a PENG block to a multimodal analgesia regimen that includes paracetamol and celecoxib improves the quality of recovery and reduces opioid requirements for patients undergoing primary total hip arthroplasty under spinal anaesthesia.