

### #35681 PENG BLOCK WITH DEXMEDETOMIDINE IN COMBINATION WITH LOCAL ANESTHETICS FOR ROBOTIC HIP REPLACEMENT SURGERY ANALGESIA: CASE SERIES

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**Please confirm that an ethics committee approval has been applied for or granted:** Not relevant (see information at the bottom of this page)

**Application for ESRA Abstract Prizes:** I apply as an Anesthesiologist (Aged 35 years old or less)

**Background and Aims** One of the sites of dexmedetomidine action is substantia gelatinosa, which is responsible for analgesia. The aim of our study is to investigate how effective may be dexmedetomidine for PENG block in postoperative analgesia and mobilization after such a major surgery, as total hip replacement, conducted with robotic device.

**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.

### #34369 QUALITY OF RECOVERY AFTER PERICAPSULAR NERVE GROUP (PENG) BLOCK FOR PRIMARY TOTAL HIP ARTHROPLASTY UNDER SPINAL ANAESTHESIA

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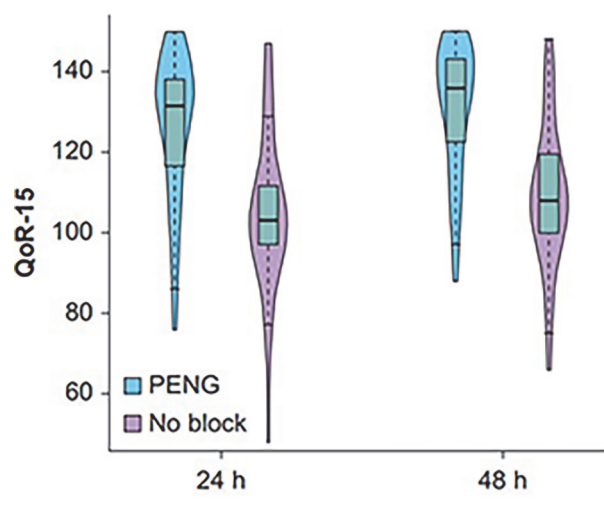
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**Background and Aims** The pericapsular nerve group (PENG) block is a novel regional anaesthesia technique that has been proposed as an effective motor-sparing block for total hip arthroplasty. Recent randomised studies show conflicting results regarding the analgesic efficacy of the PENG block for total hip arthroplasty

**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.



**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

### #36069 MANAGEMENT OF ISCHEMIC PAIN IN AMBULATORY WITH POPLITEAL-SCIATIC PERINEURAL CATHETER – IS IT POSSIBLE?

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