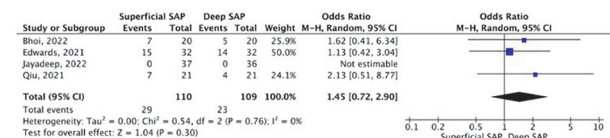


Abstract OP047 Figure 2 Pain scores were similar for both approaches to the SAPB at 12h (A) and 24h (B) in movement



Abstract OP047 Figure 3 Incidence of PONV was similar both with superficial and deep SAPB approaches

Conclusions The results revealed no significant differences, suggesting that both approaches offer comparable pain relief benefits.

OP048 CONVENTIONAL ANATOMICAL LANDMARK VERSUS PREPROCEDURAL ULTRASOUND FOR THORACIC EPIDURAL ANALGESIA: A SYSTEMATIC REVIEW AND META-ANALYSIS

¹Mahfouz Sharapi*, ²Ammar Mektebi, ³Kerollos George Philip, ⁴Khaled Anwer Albakri, ⁵Amany E Mahfouz. ¹Ourl Lady Of Lourdes Hospital, Drogheda, RCSI Group, Ireland, Dublin, Ireland; ²faculty of medicine, Kutahya, Turkey, kutahya health sciences university, Kutahya, Turkey; ³Faculty of Medicine, Sohag University, Sohag, Egypt, Sohag, Egypt; ⁴The Hashemite University, Jordan, Amman, Jordan; ⁵Faculty of Medicine, Kafrelsheikh University, Egypt, Kafr El-Sheikh, Egypt

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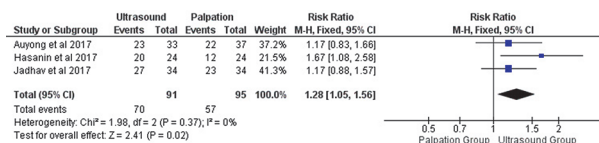
Please confirm that an ethics committee approval has been applied for or granted: Not relevant (see information at the bottom of this page)

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

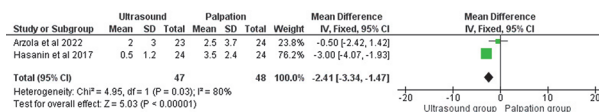
Background and Aims Thoracic epidural analgesia is the gold standard for major thoracic and upper abdominal surgeries. To effectively perform epidural analgesia, the epidural space should be localised accurately. Various techniques have been described to facilitate accurate needle insertion; including surface landmark and ultrasound-assisted techniques. Practitioners have relied on the surface palpation landmark method and loss extensively. However, this technique can sometimes be challenging to access the thoracic epidural area and carries substantial failure rates, especially in obese patients or those with oedema on the back. This meta-analysis compares the efficacy of the US-assisted versus landmark-based thoracic epidural insertion via the paramedian route.

Methods Randomized controlled trials were sought in six databases for a systematic review and meta-analysis. With a 95% confidence interval, a fixed-effects model calculated Risk Ratio or Mean Difference. Cochrane Risk of Bias assessed bias. Four RCTs were examined. The study was registered with PROSPERO with the identifying code CRD42022360527.

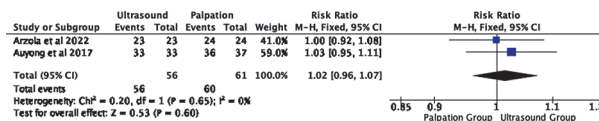
Results Preprocedural ultrasound increased thoracic epidural placement first puncture success rate (RR= 1.28, 95% CI [1.05 to 1.56], P value= 0.02) and decreased the need for two or more skin punctures (MD= -2.41, 95% CI [-3.34 to -1.47], P value= 0.00001). The ultrasound group reduced needle redirections (RR= 0.6, 95% CI [0.38 to 0.94], P value= 0.02). The epidural block success rate was equal in both groups (RR= 1.02, 95% CI [0.96 to 1.07], P value= 0.6).



Abstract OP048 Figure 1 Forest plot of the first rate success rate of thoracic epidural placement



Abstract OP048 Figure 2 Forest plot of the number of needle redirections



Abstract OP048 Figure 3 Forest plot of the rate of successful epidural block

Conclusions Thoracic epidural insertion is improved by ultrasound but not the success rate. Quality research with larger samples is needed to emphasise that.

OP049 ABSTRACT WITHDRAWN