

Postoperative pain management (ACUTE)

#36406 POSTOPERATIVE ANALGESIC EFFICACY OF LOW VOLUME C5-C6 ROOT BLOCK IN COMBINATION WITH ERECTOR SPINAE PLANE BLOCK FOR COMPLEX SHOULDER SURGERIES- A CASE SERIES

¹Maitreyi Kulkarni*, ²Nita D'souza. ¹Anaesthesiology, Jupiter Hospital Pune, PUNE, India; ²Anaesthesiology, Ruby Hall Clinic, PUNE, India

10.1136/rapm-2023-ESRA.577

Please confirm that an ethics committee approval has been applied for or granted: Yes: I'm uploading the Ethics Committee Approval as a PDF file with this abstract submission

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

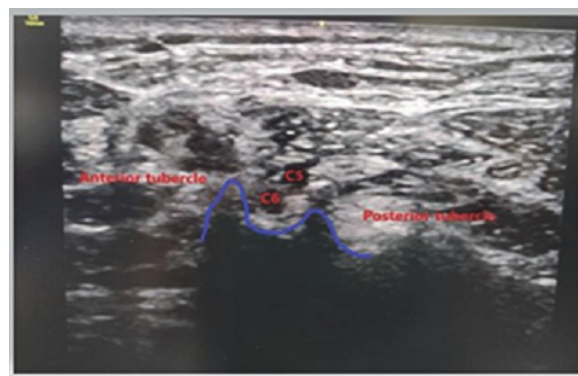
Background and Aims Shoulder surgery causes moderate to severe pain .In this case series we have combined low volume C5,C6 root block with postoperative Erector spinae plane block (ESPB) and studied the analgesic efficacy,involvement of the diaphragm and other complications after Shoulder surgery.

Methods Thirteen patients undergoing shoulder surgery under general anaesthesia were given C5 -C6 root block with 0.375% ropivacaine 6 to 8 ml before incision. Before extubation ultrasound guided ESPB at T2 was given using 15 ml of 0.375% ropivacaine along with intravenous paracetamol and diclofenac.Ultrasound guided diaphragmatic assessment was done preoperatively and after extubation. Each patient was assessed postoperatively at regular intervals upto 24 hours for visual analogue score and requirement of analgesia.

Results Average visual analogue score (VAS) upto 6 hours was 0, at 12 hours was 0.54, 18 hrs 1.62, 24 hrs 1.92.Rescue analgesics were needed once, in 4 patients (30%) at 12, 13, 14, 16 and in three patients (23%) at 18 hours.The average duration of analgesia was 18 hours. No diaphragm involvement or other complications were noted .



Abstract #36406 Figure 1 ESPB



Abstract #36406 Figure 2 C5-C6 ROOT

Conclusions C5-C6 root block combined with postoperative ESPB for shoulder surgery reduced the requirement for rescue analgesic, lowered the VAS and spared the diaphragm with no adverse event.

Attachment CamScanner 12-25-2020 22.18.26.pdf

#36311 SEX RELATED SEVERITY OF POST-OPERATIVE PAIN AND OPIOID-RELATED ADVERSE EFFECTS AFTER ABDOMINAL SURGERY. DOES ANESTHETIC TECHNIQUE MAKE A DIFFERENCE?

¹Ruth Edry*, ²Tal Hefetz, ²Lior Cohen, ³Eden Pikel, ³Fadi Shbat, ⁴Winfried Meissner, ⁴Ruth Zaslansky. ¹Acute Pain Service, Anesthesia Departement, Rambam Medical Center, Haifa, Israel; ²none, Tel Aviv, Israel; ³General Surgery Department, Rambam Medical Center, Haifa, Israel; ⁴Department of Anesthesiology and Intensive Care, University Hospital Jena, Jena, Germany

10.1136/rapm-2023-ESRA.578

Please confirm that an ethics committee approval has been applied for or granted: Yes: I'm uploading the Ethics Committee Approval as a PDF file with this abstract submission

Application for ESRA Abstract Prizes: I don't wish to apply for the ESRA Prizes

Background and Aims Perioperative pain treatment affects well-being and recovery after surgery.¹⁻³ Some studies show that women tend to report higher pain and opioid-related adverse-effects.⁴⁻⁵ We aimed to assess sex-related severity of post-operative pain and opioid-related adverse-effects.

Methods Patients after general surgery were asked to fulfill patient-reported outcomes (PRO)⁶⁻⁷ on first post-operative day between 01/2018-05/2019 in our center. We report findings for the abdominal surgery sub-group. Composite pain score (CPS) was created for PROs addressing pain intensity and interference with activity/mood. Secondary outcomes included analgesic administration and composite opioid adverse-effects score (CAES). Logistic regression was used to identify variables associated with $CPS \geq 5.5$ and $CAES \geq 4$. The study had IRB approval.