#36119 RETROSPECTIVE EVALUATION OF PREOPERATIVE AND POSTOPERATIVE PECTORAL NERVE BLOCKS FOR ACUTE PAIN MANAGEMENT AFTER MODIFIED RADICAL MASTECTOMY: IMPACT ON QUALITY OF RECOVERY

[1]Gulay Erdogan Kayhan*, [2]Meryem Onay, [3]Bartu Badak. *[1]Eskisehir, Turkey; [2]Department of Anesthesiology and Reanimation, Eskisehir Osmangazi University, Eskisehir, Turkey; [3]Eskisehir Osmangazi University, Eskisehir, Turkey*

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Background and Aims Pectoral nerve (PECS) blocks have demonstrated promising results in randomized clinical trials, including reduced postoperative pain scores and opioid consumption following breast surgery.This retrospective study aimed to present the experience with PECS blocks and evaluate their effects on the quality of recovery(QoR) and postoperative pain.

Methods We retrospectively evaluated the records of patients who underwent modified radical mastectomy.A total of 43 patients were included in the study.In addition to routine intraoperative analgesics, PECS blocks with 30 mL of 0.25% bupivacaine were administered preoperatively in 14 patients (Group Pre-op) and postoperatively in 16 patients(Group Post-op).Thirteen patients received no block andserved as the control(Group Control).We compared demographic characteristics, mobilization time, first analgesic time, and quality of recovery score(QoR-40) at the 24th postoperative hour.The numeric rating scale(NRS) at rest and during movement(0-10;0,representing no pain;10,the worst imaginable pain), were also evaluated at various time points up to the 24th hour postoperatively.

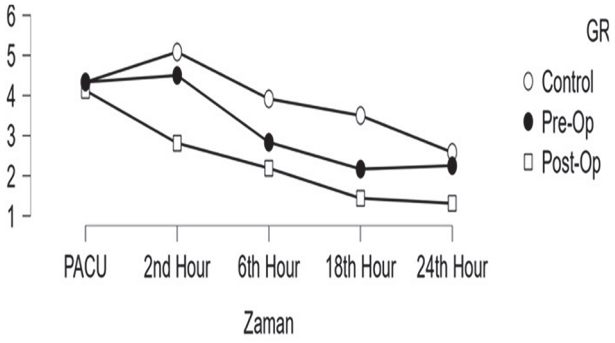
Results There were no significant differences observed in demographic characteristics, the mobilization time, first analgesic time, and QoR-40 score at the 24th postoperative hour among the groups.Although the NRS scores at the 2nd,6th,18th,and 24th hour were lower in Group Pre-op and Group Post- op compared to Group Control, with more pronounced differences observed in Group Post-op, no statistical significance was found among the groups.

Abstract #36119 Table 1 Demographic data and postoperative recovery parameters (mean ± SD and number)

	Group Pre-op (n=14)	Group Post-op (n=16)	Group Control (n=13)	P value
Age (year)	56.79 ± 9.53	62.94 ± 11.92	54.23 ± 12.13	0.11
Weight (kg)	73.58 ± 8.78	71.79 ± 13.37	67.60 ± 11.15	0.47
Height(cm)	163.11 ± 6.01	158.44 ± 4.77	160.60 ± 1.95	
ASA physical status (I/II/III)	1/13/2	1/11/2	1/11/1	0.99
Duration of operation (min)	135.08 ± 39.43	106.62 ± 28.94	130.40 ± 36.15	0.11
Mobilization time (min)	279.17 ± 139.08	255.00 ± 76.49	311.25 ± 66.38	0.73
First analgesic time (hour)	8.67 ± 8.92	7.38 ± 7.48	8.79 ± 4.90	0.90
Baseline QoR-40	191.83 ± 8.24	193.55 ± 7.06	189.78 ± 9.35	0.60
Postoperative QoR-40	185.92 ± 12.21	187.93 ± 12.86	186.33 ± 14.65	0.92

Abstract #36119 Table 2 Numeric rating scales (NRS) at rest and during movement (mean ± SD and number)

	NRS rest			NRS movement		
	Group Pre-op (n=14)	Group Post-op (n=16)	Group Control (n=13)	Group Pre-op (n=14)	Group Post-op (n=16)	Group Control (n=13)
PACU	4.33 ± 2.87	4.13 ± 3.59	4.33 ± 3.34	5.27 ± 2.94	4.56 ± 3.65	5.45 ± 3.30
2nd hour	4.50 ± 2.91	2.81 ± 2.93	5.08 ± 2.57	5.00 ± 3.16	3.13 ± 2.87	5.91 ± 2.63
6th hour	2.83 ± 1.99	2.19 ± 2.04	3.92 ± 2.27	4.00 ± 2.19	2.69 ± 2.52	4.55 ± 2.30
18th hour	2.17 ± 1.90	1.44 ± 1.90	3.50 ± 2.28	2.82 ± 2.09	2.75 ± 3.13	4.27 ± 2.33
24th hour	2.25 ± 1.76	1.31 ± 1.45	2.58 ± 2.02	3.00 ± 2.41	2.81 ± 2.76	3.00 ± 2.41



Abstract #36119 Figure 1

Conclusions The administration of preoperative and postoperative pectoral nerve blocks did not demonstrate superiority over the control group in improving the quality of recovery. However, due to the limited number of cases and the retrospective nature of the study, further support from prospective studies is warranted.

Attachment ethicscommittee.pdf

#35670 INVESTIGATING THE IMPACT OF LIPOSOMAL BUPIVACAINE ON POSTOPERATIVE PAIN MANAGEMENT TO REDUCE OPIOID USE DISORDER

[1]Jennifer Uyere*, [2]Paola Lorena Sotelo Flores, [3]Fabiola Vazquez Padilla, [4]Miguel Cervantes. *[1]School of Medicine, Universidad Autonoma de Guadalajara (UAG), Montebello, USA; [2]School of Medicine, Universidad Autonoma de Guadalajara (UAG), Laredo , USA; [3]School of Medicine, Universidad Autonoma de Guadalajara (UAG), Hatillo, USA; [4]School of Medicine, Universidad Autonoma de Guadalajara (UAG), Huntington Park , USA*

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Background and Aims Postoperative pain management remains a critical challenge. Opioids have been commonly used for postoperative pain management in various surgeries. However, their adverse effects, including dependency and addiction, have led researchers to seek alternative pain relief methods, such as multimodal analgesia. Liposomal bupivacaine is a component of multimodal regimens that encapsulates local anesthetic in multivesicular liposomes, potentially providing consistent pain relief for up to 72 hours. This investigation aims to evaluate the effectiveness of liposomal bupivacaine in