reducing opioid use and related adverse effects in patients undergoing surgery.

**Methods** The efficacy of liposomal bupivacaine in postoperative patients remains relatively unexplored. This review examined the literature, focusing on investigations of its use in postoperative patient populations.

**Results** The findings yielded mixed results. Some reports found no significant difference in postoperative pain scores within the first few days, while others reported lower pain scores on the day of surgery. Postoperative narcotic consumption assessment revealed no significant difference between the control group and the liposomal bupivacaine-treated group in some cases.

**Conclusions** Interpretation of the available data is challenging due to significant variability in study design and comparison groups. Prospective, randomized clinical trials are needed to fully assess liposomal bupivacaine's efficacy in postoperative patients. Clinicians should critically evaluate the existing data before implementing liposomal bupivacaine widely and continue to emphasize opioid-minimizing pain management strategies. In conclusion, liposomal bupivacaine offers a promising alternative for postoperative pain management in elective surgeries. Future research should focus on optimizing its use and assessing its cost-effectiveness to maximize patient outcomes and satisfaction.

## #35965 IS OPIOID-FREE ANESTHESIA AN EFFECTIVE ALTERNATIVE FOR THE POSTOPERATIVE MANAGEMENT OF PATIENTS WITH A HISTORY OF ADVERSE REACTIONS TO OPIOID ANALGESICS?

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10.1136/rapm-2023-ESRA.588

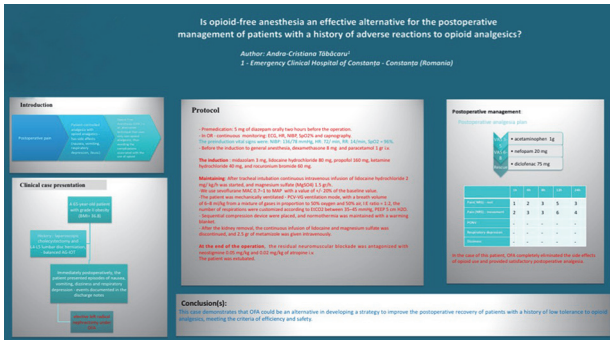
**Please confirm that an ethics committee approval has been applied for or granted:** Not relevant (see information at the bottom of this page)

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

**Background and Aims** Opioid Free Anesthesia (OFA – Opioid Free Anesthesia) is an alternative technique that uses only non-opioid analgesics, thus avoiding the complications associated to opioid use.

**Methods** We present the case of a 65-year-old patient with grade II obesity (BMI= 36.8), with personal pathological history reveals two surgeries: laparoscopic cholecystectomy and L4-L5 lumbar disc herniation, both under balanced general anesthesia with oro-tracheal intubation. Immediately postoperatively, the patient presented episodes of nausea, vomiting, dizziness and respiratory depression – events that are documented in the patient's medical files. Based on the patient's history, it was decided to perform the surgical intervention (left radical nefrectomy) under OFA using propofol, ketamine, rocuronium potentated by volatile anesthetic (sevofurane). The induction of general anesthesia included midazolam 3 mg, lidocaine hydrochloride 80 mg, propofol 160 mg, ketamine hydrochloride 40 mg, and rocuronium bromide 60 mg. After tracheal intubation continuous intravenous infusion of lidocaine hydrochloride 2 mg/kg/h was started, and magnesium sulfate (MgSO4) 1.5 gr/h.

**Results** The patient was pain-free (VAS score 1) no nausea, vomiting, or dizziness complaining. Postoperative analgesia plan included 1g of paracetamol for VAS score from 3 to 5, or 20 mg nefopam for VAS score from 6 to 8, while diclofenac 75 mg was used as a rescue analgesic.




**Abstract #35965 Figure 1**

**Conclusions** This case demonstrates that OFA could be an alternative in developing a strategy to improve the postoperative recovery of patients with a history of low tolerance to opioid analgesics, meeting the criteria of e?ciency and safety.

**Attachment:** B85D1FD7-6651-4B1F-AF96-90B09FDE0B95.png

## #36363 REGIONAL ANESTHESIA AS THE PRIMARY CHOICE FOR POSTOPERATIVE PAIN CONTROL IN AN OPIOID-SENSITIZED PATIENT: A CASE REPORT'

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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 don't wish to apply for the ESRA Prizes

**Background and Aims** Introduction: Patients on long-term opioid therapy, such as buprenorphine, pose a significant challenge for perioperative pain management. Regional anesthesia has emerged as a preferred method of treatment for these patients.

**Methods** Case report: A 47-year-old patient with a history of long-term buprenorphine/naloxone (8mg/2mg)/12h therapy was admitted to hospital for total knee arthroplasty. After obtaining informed consent, it was agreed that the surgery would be done entirely under regional anesthesia. On the day of surgery, preemptive analgesia of paracetamol 1g orally was prescribed before the patient was transferred to the anesthesia preparation room. Standard ASA monitoring was established, and the patient was premedicated with 2mg of iv midazolam and 8mg of iv dexamethasone. Ultrasound- guided peripheral nerve blocks were performed using a total volume of 48 ml of both diluted and non-diluted 0.5% levobupivacaine, including iPACK, anterior femoral cutaneous nerve block and modified genicular block with inferolateral genicular nerve exclusion. In addition, a catheter was placed in the adductor canal at midvastus level, followed by spinal anesthesia administered at L4/L5 level. Postoperative analgesia in the ward was