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

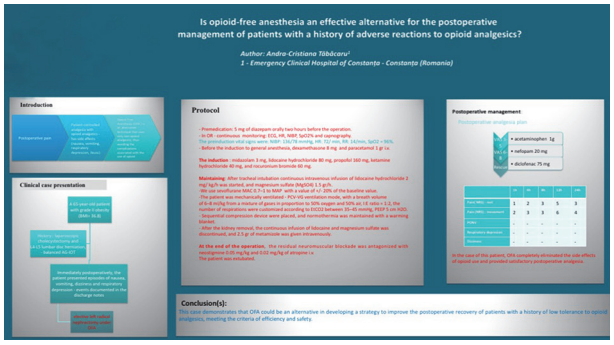
Please confirm that an ethics committee approval has been applied for or granted: Not relevant (see information at the bottom of this page)

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.

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

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10.1136/rapm-2023-ESRA.589

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

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provided by bolus catheter doses of 15 ml of 0.2% ropivacaine/8h, iv paracetamol 1g/8h, and iv ketoprofen 100 mg/12h for two consecutive days.

Results Results: The maximum reported pain intensity on the day of surgery was VAS 2, VAS 3 on the first postoperative day, and VAS 0 on the second day, after which the catheter was removed.

Conclusions Conclusion: The combination of regional anesthesia techniques and non-opioid medications provided excellent analgesia for patient taking buprenorphine.

#36354 THE COMBINED USE OF LIPOSOMAL BUPIVACAINE FASCIAL PLANE INFILTRATION AND SHORT-ACTING SPINAL ANAESTHESIA TO ENHANCE RECOVERY IN PATIENTS UNDERGOING LAPAROSCOPIC COLORECTAL CANCER SURGERY

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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)

Background and Aims Long-acting spinal anaesthesia with high-dose intrathecal opiates has become the standard for enhanced recovery programmes for colorectal cancer surgery. Our department previously demonstrated that short-acting spinal anaesthesia using prilocaine combined with fascial plane blocks and catheters was effective, with reduced haemodynamic instability and earlier patient mobilisation. We now describe a case series utilising a novel adaptation to this approach, with liposomal bupivacaine (Exparel) fascial plane infiltration.

Methods Fifteen patients undergoing major laparoscopic colorectal surgery were included between October 2022 and May 2023. All patients received 3.0ml of intrathecal 2% hyperbaric prilocaine combined with 100-200mcg of preservative-free morphine. In addition patients received ultrasound-guided lateral transversus abdominis plane (TAP) and rectus sheath fascial plane infiltration with a local anaesthetic admixture of 20mls of 13.3mg/ml Exparel combined with 40mls of 0.25% levobupivacaine and 20ml normal saline. All patients also received 1g paracetamol, and either parecoxib 40mg or ibuprofen 400mg intravenously (if not otherwise contraindicated).

Results Intra-operatively patients behaved with haemodynamic stability, with no patients requiring vasopressor support post-operatively. In the recovery area, all patients were able to sit up and ambulate with an average post-operative pain score of 0.25. Mean length of hospital stay was was 10.3 days (7.5 after removing one major outlier) and over half of patients did not require HDU monitoring post-operatively at all.

Conclusions The combined use of Exparel fascial plane blocks with short-acting spinal reduces the opiate requirement in the peri-operative management of laparoscopic colorectal surgery. Excellent long duration analgesia and haemodynamic stability is provided with a minimal side effect profile.

Attachment: Exparel case series local research committee approval.pdf

#36223 EVALUATION OF THE REGIONAL TRACT ANALGESIA USING ROPIVACAINE FOR THE POSTOPERATIVE PAIN MANAGEMENT AFTER PERCUTANEOUS NEPHROLITHOTOMY. A PROSPECTIVE STUDY

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10.1136/rapm-2023-ESRA.591

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

Background and Aims This prospective study aimed to evaluate regional tract analgesia (RTA) using ropivacaine to manage postoperative pain for patients undergoing percutaneous nephrolithotomy in prone position (PCNL).

Methods The patients were stratified into 4 groups based on the utilized analgetic regimen: The ordinary group including the intravenous use of paracetamol and tramadol, the paracetamol pump group, the tramadol pump group and the RTA group using 2% ropivacaine. The primary endpoints of this study were the time needed to achieve maximum analgesia and the comparison of the efficacy. All the patients were evaluated every 6 hours postoperatively until the completion of 24 hours. The pain assessment was conducted with the use of the Numerical Rating Scale (NRS) 0-10 score.

Abstract #36223 Table 1 The mean values and standard deviations of pain scores of each group 6,12,18 and 24 hours postoperatively

	Ordinary Analgesic regimen	Paracetamol Pump	Tramadol Pump	Tract Analgesia	P Value
6 hours	5,65±1,57	4,85±2,13	3,25±1,21	2,35±0,67	**<0,0001***
12 hours	4,7±1,66	3,5±1,93	2,7±1,69	1,6±0,68	**<0,0001***
18 hours	3,15±1,50	2,7±1,87	2±1,34	1,3±0,47	**0,0002***
24 hours	1,75±0,85	2,05±1,00	1,55±1,05	1,1±0,31	**0,0069***

Abstract #36223 Table 2 Comparison of the outcomes of Tract Analgesia with Tramadol Pump in 6,12,18 and 24 hours postoperatively (Pain score mean values ± SD)

	Tramadol Pump	Tract Analgesia	P Value
6 hours	3,25±1,21	2,35±0,67	0,1484
12 hours	2,7±1,69	1,6±0,68	0,1308
18 hours	2±1,34	1,3±0,47	0,338
24 hours	1,55±1,05	1,1±0,31	0,0998

Results A total of 80 patients who underwent PCNL were divided into 4 groups of 20 patients each. The RTA was superior to the ordinary analgesic regimen and to the paracetamol tract

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