

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 anaesthesia 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 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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**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** 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