Results 55 patients received a pre-operative dose of gabapentin. The numerical rating score (NRS) was 2.5 and 1 point lower in the gabapentin group, respectively at 6 hours and 18 hours after the surgery, when compared to the patients that did not receive gabapentin, with a meaningful difference. The other observed timepoints did not show a significant result. The post-operative length of stay (LOS) in the post-anaesthesia unit and the overall LOS were similar in the two groups.

Conclusions In our analysis, the use of a low dose of preoperative gabapentin was safe and effective in reducing the postoperative pain scores in the first day post-surgery. However, its effect ran out 24 hours after the surgery.

Background and Aims Despite of similar postoperative pain control and less adverse effects, thoracic paravertebral block (TPVB) for thoracotomy and video assisted thoracic surgery (VATS) isn’t as widespread as thoracic epidural anesthesia (TEA). To standardize clinical practice in our institution, we conducted a retrospective observational study to compare postoperative pain control after VATS.

Methods We performed a retrospective cohort analysis of patients who were undergoing VATS oncological lung surgery with regional anesthesia (TEA or TPVB) during 2021. Significant pain was considered if a value ≥3 was recorded with the verbal numeric scale (VNS) at 12, 24 and 48 hours (h) after surgery. The need for rescue analgesia at those times was also registered. A Chi Square test was used to compare both groups.

Results 44 patients were included in the study, 22 in each group (continuous TEA vs. single shot TPVB at two thoracic levels). Patients at both groups had similar VNS pain values and need for analgesia rescue at 12, 24 and 48h with no statistically significant differences between them (VNS 12h (p=0.275), 24h (p=0.3834), 48h (p=0.275)).

Conclusions Our findings are in line with recent literature, showing that TEA and TPVB may be equivalent effective regional analgesia techniques in VATS in terms of postoperative pain control. Nevertheless, differences may have not been found due to sample limitation. Adverse effects have not been analyzed due to incomplete data.

Abstract #34046 Table 1

<table>
<thead>
<tr>
<th>(% patients with VNS≥3)</th>
<th>12h</th>
<th>24h</th>
<th>48h</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEA (22px)</td>
<td>4.54</td>
<td>31.81</td>
<td>4.54</td>
</tr>
<tr>
<td>TPVB (22px)</td>
<td>13.63</td>
<td>45.46</td>
<td>13.63</td>
</tr>
<tr>
<td>p=0.275</td>
<td>p=0.3834</td>
<td>p=0.275</td>
<td></td>
</tr>
</tbody>
</table>

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

Conclusion Our findings are in line with recent literature, showing that TEA and TPVB may be equivalent effective regional analgesia techniques in VATS in terms of postoperative pain control. Nevertheless, differences may have not been found due to sample limitation. Adverse effects have not been analyzed due to incomplete data.

Attachment Aprov_P23_055.pdf

Abstract #34046 Figure 1 Waking up after laparotomic colorectal surgery
Methods The procedure is carried out at the San Salvatore hospital in L’Aquila. The patient undergoing colorectal surgery receives general anesthesia with preoperative bilateral ultrasound-guided mid-point transverse process to pleura block using 20ml of 0.25% levobupivacaine + dexamethasone 4mg bilaterally. Intraoperatively, intravenous low dose Remifentanil (0.6 ng/ml in TCI mode), paracetamolo 1gr and Ketorolac 30 mg are administered as part of multimodal analgesia. To complete the post-operative analgesia, Morphine 5 mg and Ondansetron 8 mg are given after waking up. During the post-operative hospitalization, therapy with Contransal 50mg x 3/day is set up for the first 5 days. Data on intraoperative and postoperative analgesic effects and the effect on recanalization after surgery are recorded.

Results During surgery, the patient maintains hemodynamic stability (PA = 110/60, FC = 60 bpm); after waking up NRS = 0, in the following 5 days NRS < 3; recanalization on the ninth postoperative day.

Conclusions This case report suggests that, as part of multimodal analgesia, bilateral ultrasound-guided MPT-B after induction may reduce postoperative pain and opioid consumption in patients undergoing laparotomic colorectal surgery.

LOW DOSE OF INTRATECAL MORPHINE IN PATIENTS UNDERGOING OPEN LIVER RESECTION

Methods

The procedure is carried out at the San Salvatore hospital in L’Aquila. The patient undergoing colorectal surgery receives general anesthesia with preoperative bilateral ultrasound-guided mid-point transverse process to pleura block using 20ml of 0.25% levobupivacaine + dexamethasone 4mg bilaterally. Intraoperatively, intravenous low dose Remifentanil (0.6 ng/ml in TCI mode), paracetamolo 1gr and Ketorolac 30 mg are administered as part of multimodal analgesia. To complete the post-operative analgesia, Morphine 5 mg and Ondansetron 8 mg are given after waking up. During the post-operative hospitalization, therapy with Contransal 50mg x 3/day is set up for the first 5 days. Data on intraoperative and postoperative analgesic effects and the effect on recanalization after surgery are recorded.

Results

During surgery, the patient maintains hemodynamic stability (PA = 110/60, FC = 60 bpm); after waking up NRS = 0, in the following 5 days NRS < 3; recanalization on the ninth postoperative day.

Conclusions

This case report suggests that, as part of multimodal analgesia, bilateral ultrasound-guided MPT-B after induction may reduce postoperative pain and opioid consumption in patients undergoing laparotomic colorectal surgery.

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

Thoracic epidural analgesia (TEA) has traditionally been used for pain management after open liver resection (OLR). Despite its proven analgesic efficacy, TEA may not have the optimal safety profile. Limitations include the risk of epidural hematoma and unplanned delays in postoperative removal of the epidural catheter due to coagulopathy. Intrathecal morphine (ITM) in a multimodal analgesic scheme is an alternative to decrease postoperative pain intensity and opioid requirements. However, there is still no consensus regarding the most appropriate dose that provides effective analgesia while avoiding the risk of side effects. The aim of this work is to assess the analgesic efficacy and the presence of side effects of a low dose of ITM (150 mcg) in patients undergoing OLR. The patients informed consent for the perioperative pain in trauma patients can be determined using pain and anxiety scores. It was also interesting to what extent preoperative anxiety influenced perioperative pain.

Methods

Between December 2021 and May 2022, 40 patients where asked for a questionnaire at three points in time (pre-, intra- and postoperative) in which they stated their current pain and anxiety levels. Statistical multivariate analysis of variance with repeated measures was performed using data base Statistical Package for the Social Sciences (SPSS).

Conclusions

Low dose of ITM could be an effective strategy to include in a multimodal analgesic scheme to control pain after OLT, with a low risk of respiratory depression. It could avoid the placement of an epidural catheter and the risks associated in case of postoperative coagulopathy.

Are pain and anxiety scores in trauma patients suitable for assessing perioperative pain?

1Saskia Schmidt, 2Inge Gastner*. 1Tzw Meidling Anästhesie, Vienna, Austria; 2Tzw Meidling Anästhesie, Wien, Austria

Results

The results showed that the two parameters fear and pain influence each other during the hospital stay. This also...