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 Contramal 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 maintaines 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.

#36400 LOW DOSE OF INTRATECAL MORPHINE IN PATIENTS UNDERGOING OPEN LIVER RESECTION

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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 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 post-operative 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 publication was obtained.
Methods We retrospectively evaluated 3 patients who underwent OLR and that received 150 mcg of ITM as part of a multimodal analgesic scheme.
Results Patients were evaluated by an anesthesiologist 24 hours after surgery and reported no pain at rest and slight to no pain at movement, with no need for rescue analgesia. No side effects were documented, namely respiratory depression, nausea, vomiting, urinary retention, or pruritus.
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.

#35716 ARE PAIN AND ANXIETY SCORES IN TRAUMA PATIENTS SUITABLE FOR ASSESSING PERIOPERATIVE PAIN?

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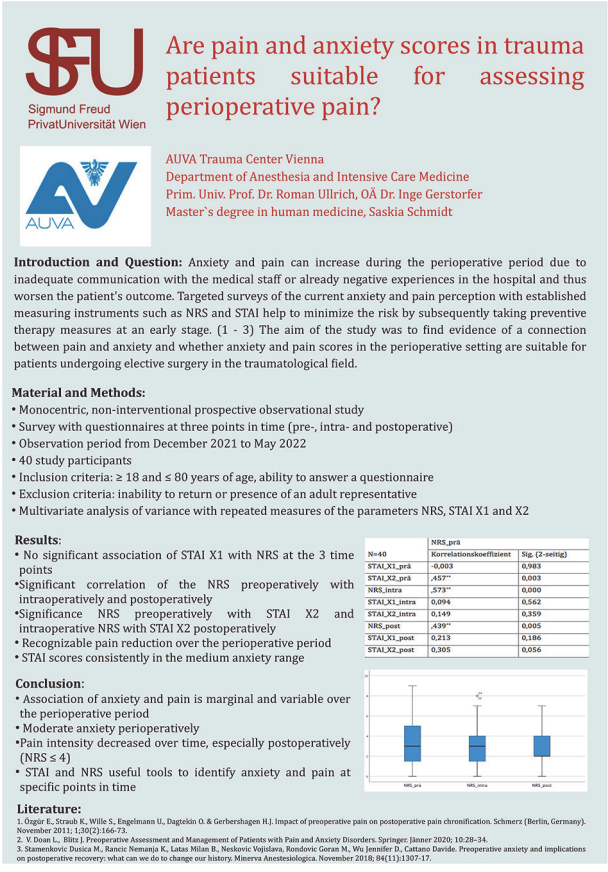
Please confirm that an ethics committee approval has been applied for or granted: Yes: I'm uploading the Ethics Committee Approval as a PDF file with this abstract submission
Application for ESRA Abstract Prizes: I apply as an Anesthesiologist (Aged 35 years old or less)
Background and Aims Suitable scores can determine the anxiety and pain perception of inpatients over the perioperative period. Studies have shown that the Numeric Rating Scale and the State-Trait Anxiety Inventory are validated scores for measuring pain and anxiety. The aim was to find out whether 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).



Abstract #35716 Figure 1 Poster Presentation ESRA

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