

Results The values of VAS score were significantly lower in patients with SFICB block versus patients with FNB and IFICB block at various time points during the 24-hour interval (figure 1). There was no difference in the time to administration of first dose of rescue analgesic (1.8+2.04hrs vs 3.10+5.93hrs vs 2.2+6.01hrs), however, there was a significant reduction in 24-hour rescue analgesia consumption in SFICB group compared to the other two groups(p<0.05).

Conclusions Continuous SFICB provided significantly better postoperative pain relief than FNB and IFICB in patients operated for proximal femur fractures.

OP054

COMBINED TRANS-MUSCULAR QLB AND SACRAL ESB VERSUS INTRATHECAL MORPHINE FOR PERI-OPERATIVE ANALGESIA IN PATIENTS UNDERGOING OPEN GYNAECOLOGICAL ONCOLOGICAL SURGERY: AN OPEN LABEL PROSPECTIVE RANDOMIZED NON-INFERIORITY TRIAL

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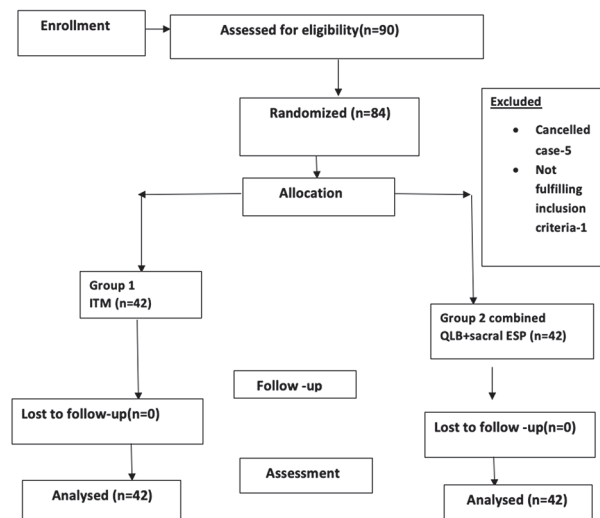
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Background and Aims Gynecological oncology surgery is associated with large abdominal incisions, extensive dissection, and a more pronounced inflammatory response with a more challenging pain profile. The current study hypothesized that the analgesic efficacy of combined quadratus lumborum block (QLB) and sacral erector spinae block (ESB) is non-inferior to intrathecal morphine(ITM) in patients undergoing open gynecological oncological surgery with midline incision.

Methods After getting IEC approval 84 ASA 1&2 patients aged 18-65 years scheduled for open gynecological surgery were randomized to receive ITM 200mcg (Group A) or bilateral QLB (20 ml of 0.25% ropivacaine with adrenaline 1:2,00,000 on each side) and 10 ml on each side for sacral ESB (Group B). The primary objective was to compare the 24-hour morphine consumption. Sensory assessment, time to first rescue, VAS score at different time intervals, quality of recovery score, and 48-hour analgesics consumption were secondary objectives.

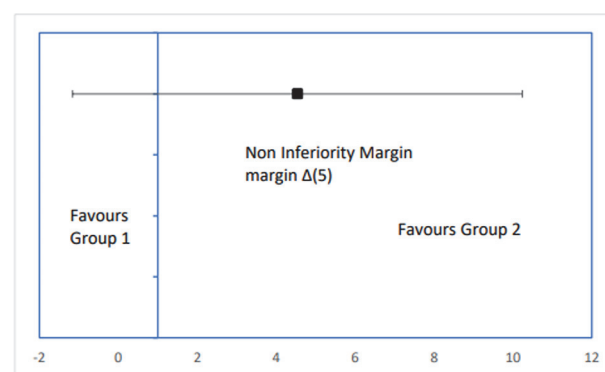
Results Median 24-hour morphine consumption was comparable with 18 mg (IQR 3.5- 26) in group A and 11 mg (IQR 5 – 24) in group B. The difference between the mean was 4.54 with 95% CI (-1.16 to 10.24). The non-inferiority margin was 5 and the 95% confidence interval is crossing 0 proving the non-inferiority. The VAS score at rest and movement was comparable between the two groups, however at 48 hrs (movement) group B showed a statistically significant reduction.

Consort diagram:

Abstract OP054 Figure 1 CONSORT diagram

Abstract OP054 Table 1 Perioperative analgesic consumption

	Group A	Group B	P value
24 hr morphine consumption (mg)	18(3.5-26)	11(5-24)	0.292
Intraoperative fentanyl consumption(mcg)	60(30-92.5)	50(22.5-60)	0.054
Time to first activation of PCA(hrs)	15(15-46.5)	35(5-46.25)	0.164
Morphine consumption at 1-6 hrs (mg)	5.5(0.75-8)	6(2.5-9.5)	0.354
Morphine consumption at 6-12 hrs (mg)	13(0.75-17)	10(4-16)	0.996
Morphine consumption at 12-24 hrs (mg)	18.5(3.5-26.25)	11(5-24)	0.276



Abstract OP054 Figure 2 Non-inferiority margin

Conclusions Combined QLB with sacral ESB is non-inferior to ITM in terms of perioperative analgesia and quality of recovery in patients undergoing gynecological oncology surgery