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 The aim of this study is to report cases to assess the effectiveness of erector spinae block in managing postoperative pain when used for laparoscopic bariatric surgeries

Methods Erector spinae block was carried out in patients who were undergoing laparoscopic sleeve gastrectomy and laparoscopic minigastric bypass (4 males and 6 females aged 25 - 55yrs of age). Among the 10 patients 5 patients received erector spinae block preoperatively and were given general anesthesia with opioid free analgesia and rest 5 were given general anesthesia along with opioid analgesics. Patients with erector spinae block maintained a VAS score for pain of 0-2/10 postoperatively. 1 patient required paracetamol as rescue in 18 hrs. There were no requirement of rescue analgesia with opiate. The other set patients required multimodal analgesia. Occasional patients were given erector spinae block as rescue analgesia. Occasional patients were given erector spinae block as rescue analgesia.

Results Patients with erector spinae block maintained a VAS score for pain of 0-2/10 postoperatively. 1 patient required paracetamol as rescue in 18 hrs. There were no requirement of rescue analgesia with opiate. The other set patients required multimodal analgesia. Occasional patients were given erector spinae block as rescue analgesia.

Conclusions Ultrasound-guided erector spinae block is a fast and safe procedure that may be used as a valuable adjunct to ensure postoperative analgesia in bariatric surgery, which has a challenge in terms of pain control. Moreover, it offers an advantage in terms of reduced opioid requirement in these patients.