

#35948 **EFFECTIVENESS OF BILATERAL ERECTOR SPINAE BLOCK FOR MANAGING POSTOPERATIVE PAIN IN LAPAROSCOPIC SLEEVE GASTRECTOMY- A PROSPECTIVE CASE SERIES**

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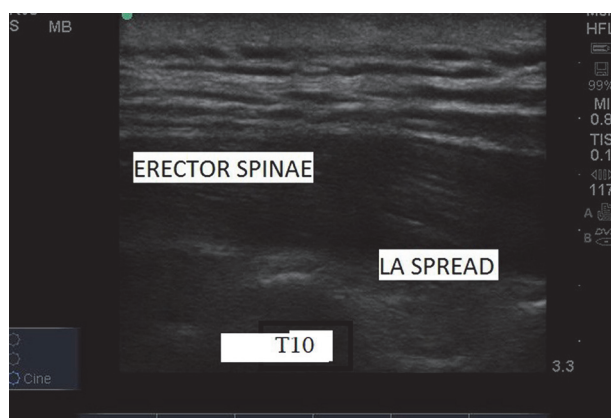
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Background and Aims The aim of this study is to report cases to assess the effectiveness of erector spinae block in managing postoperative pain when used for laparoscopic bariatric surgeries

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 .

Results P 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 .



Abstract #35948 Figure 1 Erector spinae block la spread at T10 level

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.

#36024 **ULTRASOUND GUIDED ILIOINGUINAL AND ILIOHYPOGASTRIC NERVE BLOCK FOR AORTIC AND ILIAC ARTERY THROMBOEMBOLECTOMY IN A HIGH-RISK PATIENT**

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Background and Aims Ultrasound guided ilioinguinal and iliohypogastric block is an exceptional approach for open aortoiliac thromboembolism.

Methods A 77-year-old woman came to the emergency department for acute pain in both lower extremities and chest pain. Physical examination showed absence of pedal pulses and elevation of cardiac troponin I. CT angiography showed thrombosis of the aorta prior to bifurcation in common iliac arteries, bilateral external and internal iliac arteries, bilateral pulmonary thromboembolism with overload of the right cavities and venous thrombosis of the left iliac-femoral axis. Urgent surgery is decided for thromboembolism of the terminal aorta and bilateral iliac arteries. We performed ultrasound guided ilioinguinal and iliohypogastric nerve block bilaterally. We administered 20 mL of local anesthesia, 10 ml Lidocaine 0.05% and 10 ml Ropivacaine 0.1%, on each side; it was accurately placed between the transverses abdominis and internal oblique till nerves were surrounded on all sides by the drug.

Results The patient remained pain free from the time of the first surgical incision until the end of surgery for ninety minutes. During the following 24 postoperative hours the patient remained respiratory and hemodynamically stable, pain controlled and did not present postoperative nausea or vomiting.

Conclusions Open bilateral aortic and iliac thromboembolism can be successfully performed by regional ilioinguinal and iliohypogastric nerve block. It avoids hemodynamic and respiratory instability associated with general and neuraxial anesthesia. The ultrasound guided technique helps accurately placing the drug and the amount required to be less, reducing drug toxicity and complications.

#36166 **USE OF PERINEURAL CATHETER FOR REPEATED SURGICAL WOUND DEBRIDEMENT IN PATIENT WITH CONGESTIVE HEART FAILURE AND RECENT COVID PNEUMONIA**

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