EFFECTIVENESS OF BILATERAL ERECTOR SPINAES BLOCK FOR MANAGING POSTOPERATIVE PAIN IN LAPAROSCOPIC SLEEVE GASTRECTOMY - A PROSPECTIVE CASE SERIES

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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)

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.

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.
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Background and Aims A 78 year old female patient was admitted to our hospital with a big open wound below the knee, size of 25x10cm, that was 3 weeks old. The patient had a history of recent COVID respiratory infection, congestive heart failure, mitral valve replacement, hypertension, atrial fibrillation, cerebrovascular insult and chronic renal failure. On the admission proBNP was 15000, she had hypoxemia, and because of artificial valve received therapeutic dose of low molecular weight heparin. It was a challenge to provide anesthesia for surgical intervention and adequate analgesic treatment.

Methods On the day of admission surgeon performed wound debridement in analgesedation with midazolam, fentanyl and propofol, and after the procedure she received paracetamol 500mg q.i.d and diclofenac b.i.d. Patient reported intensive pain, on NRS 6/10, and tapentadol 100mg was given as a rescue medicine. For further anesthesia and analgesia plan, opioid consumption had to be minimized because of respiratory compromise. Administration of central neuraxial anesthesia was ruled out because of coagulopathy.

Results We performed ultrasound (US) guided continuous PNB (cPNB) of sciatic nerve in popliteal fossa for anesthesia and postprocedural pain. Insertion of PNC was performed US guided under sterile conditions. Bolus of 15ml 0.25% Levobupivacaine was injected 30 minutes before debridements for three consecutive days, and for pain therapy infusion pump was connected to perineural catheter with Levobupivacaine solution 0.125% 4-5ml/h for 72 hours. Patient pain on NRS didn’t exceed 3/10.

Conclusions Ultrasound guided cPNB is an excellent anesthetic technique for repeated surgical debridements and effective strategy for pain relief in high risk patients.

#35111 THE USE OF POSTERIOR QUADRATUS LUMBORUM BLOCK IN PATIENTS UNDERGOING KIDNEY TRANSPLANTATION

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Background and Aims Postoperative pain in patients undergoing kidney transplantation is classified as moderate to severe. We tested the efficacy of the Posterior Quadratus Lumborum Block (QLB2) as postoperative analgesia.

Methods Twenty-six ASA Class IV patients, were enrolled after approval by Hippokrateion Hospital Ethical Committee (Reg. no 17068/10-04-2023). Basic monitoring was applied. Induction and maintenance were performed according to standard practice. All patients being placed in lateral decubitus position, QLB2 was performed under ultrasound control prior to emergence with a high frequency linear probe (6-12Hz) placed in transverse orientation at the midaxillary line (MindrayTM TE9 Ultrasound System, China). Using an in-plane technique, the needle (Stimuplex® Ultra 22G-90mm, B. Braun,) was inserted toward the posterior aspect of the QL muscle. After aspiration, negative for blood, 20mL levobupivacaine 0.375%, 0.4 mL/Kg was administered. All patients met extubation criteria and were extubated in the OR. Visual Analogue Scale (VAS) was evaluated on the 1st, 4th, 8th, 12th and 24th postoperative hours.

Results All 26 patients described mild pain on the 1st and 4thh. Two of them suffered moderate pain on the 8th h while the remaining 24 only mild. After the 12thh 10 patients had moderate pain and paracetamol (1g) was administered. By the 24thh, all patients were experiencing mild pain on movement without postoperative nausea, vomiting or drowsiness. Paracetamol (1g) was started after the 24thh with no need of other analgesic. [table 1].

Conclusions QLB2 significantly reduced postoperative pain and may be recommended as a valuable alternative for analgesic control in patients with renal function at risk.

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#36205 AXILLARY REGION? NOT A BIG DEAL!

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Abstracts #36166 Figure 1 Leg surgical wound

Conclusions Ultrasound guided cPNB is an excellent anesthetic technique for repeated surgical debridements and effective strategy for pain relief in high risk patients.