

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

<sup>1</sup>Jesto Kurian\*, <sup>2</sup>Olivia Biju Johny. <sup>1</sup>Anaesthesiology Institute, Cleveland clinic Abu Dhabi, Abudhabi, United Arab Emirates; <sup>2</sup>Department of Anaesthesia, Rajagiri Hospital, Cochin, India

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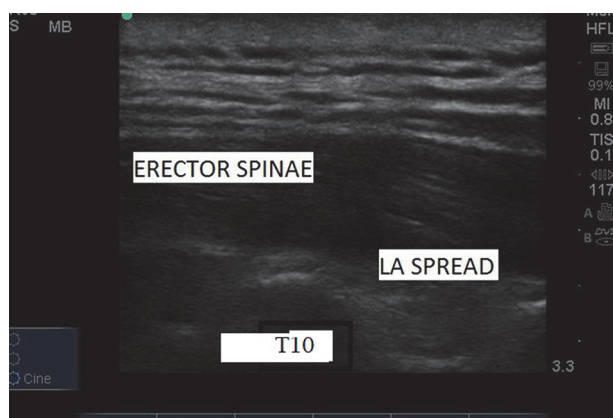
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**Background and Aims** The aim of this study is to report cases to assess the effectiveness of erector spinae block in managing postoperative pain when used for laparoscopic bariatric surgeries

**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**

<sup>1</sup>Nerea Azpiazu Landa\*, <sup>2</sup>Naara Casas Martin, <sup>2</sup>Pedro Jesús Cerrillo Navarrete, <sup>2</sup>Agustin Pedro Gomez Martinez de Eulate, <sup>2</sup>Marta Lopez Miguelez, <sup>2</sup>Alberto Martinez Ruiz. <sup>1</sup>Anesthesiology, Cruces University Hospital, Bilbao, Spain; <sup>2</sup>Anesthesiology, Cruces University Hospital, Cruces, Spain

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**Application for ESRA Abstract Prizes:** I apply as an Anesthesiologist (Aged 35 years old or less)

**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**

Jovana Martinoski\*, Tamara Zivanovic, Nikica Stefanovic, Aleksandra Aleksic. Anesthesiology, KBC Bezanjska kosa, Belgrade, Serbia

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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 apply as an Anesthesiologist (Aged 35 years old or less)

**Background and Aims** A 78 year old female patient was admitted to our hospital with big open wound bellow 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 analgosedation 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 paint 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.



**Abstract #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.

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

<sup>1</sup>Kalliopi Negrou\*, <sup>1</sup>Dimitrios Zafeiriadis, <sup>2</sup>Amar Salti, <sup>1</sup>Donika Zaimi, <sup>3</sup>Stella Vasileiadou. <sup>1</sup>Anaesthesiologist, 'Hippokrateion' General Hospital, Thessaloniki, Greece; <sup>2</sup>Anaesthesiologist, Cleveland Clinic Abu Dhabi, Abu Dhabi, United Arab Emirates; <sup>3</sup>Surgeon, 'Hippokrateion' General Hospital, Thessaloniki, Greece

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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. no17068/10-04-2023). 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 (Mindray™ 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<sup>3</sup> 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].

**Abstract #35111 Table 1**

Time (h)	VAS SCORE	Additional Analgesia
1	mild 26	none
4	mild 26	none
8	moderate 2, mild 24	1g paracetamol in moderate
12	moderate 10, mild 16	1g paracetamol in moderate
24	mild 26	1g paracetamol in all 26

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

**Attachment** Registration Number 1706810-4-2023.pdf

**#36205 AXILLARY REGION? NOT A BIG DEAL!**

Costa Fabio\*, Alessandro Ruggiero, Maria Pia Stifano, Giuseppe Pascarella, Alessandro Strumia, Davide Sammartini, Luigi Maria Remore, Felice Eugenio Agrò. Campus Biomedico University Hospital Foundation, Rome, Italy

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