

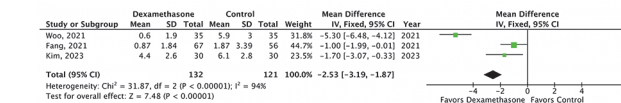
Abstract OP056 Table 1 Outcomes table

	Bisect 2012 (7)		Haber 2014 (7)		Misker 2017		Kavala 2017 (8)		NCT0278846	
	Liposomal Bupivacaine	Bupivacaine	Liposomal Bupivacaine	Bupivacaine	Liposomal Bupivacaine	Bupivacaine	Liposomal Bupivacaine	Bupivacaine	Liposomal Bupivacaine	Bupivacaine
N	64	70	34	34	12	12	114	38	25	25
Mean Age (SD)	38.0(7.3)	38.4(7.4)	33	44.7(15.0)	38.2(9.0)	N/A	N/A	N/A	N/A	N/A
Mean BMI (SD)	N/A	N/A	27.0(5)	28.5(10)	28.3(10)	N/A	N/A	N/A	N/A	N/A
Mean Weight (SD)	85.1(17.0)	85.7(18.5)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
White (%)	87.0(4)	84.9(4)	N/A	N/A	N/A	N/A	N/A	84.9(6)	89.0(6)	89.0(6)
Black (%)	11.0(1)	12.0(1)	N/A	N/A	N/A	N/A	4.7(1)	1.0(1)	0	0
Population	primary hip arthroplasty, subacromial bursal arthroplasty	primary subacromial arthroplasty (nonarthroplasty)	irreversible posterior or lateral tibial ligament or medial tibial collateral ligament reconstruction following anterior cruciate ligament reconstruction				reduction mammoplasty		breast reconstruction with tissue expanders	
Laterality	Bilateral		Bilateral		Unilateral or Bilateral		Bilateral		Unilateral or Bilateral	
Primary Analgesic Regimen	intrathecal 100 mg bupivacaine plus 50 mg morphine and 100 mg fentanyl		N/A		intravenous morphine 4 mg Q4h every 4 hours as needed for moderate pain, hydromorphone 2 mg Q4h every 4 hours as needed for moderate to severe pain, fentanyl 200 mcg IV every 15 minutes as needed for severe pain				intravenous morphine 4 mg Q4h every 4 hours as needed for moderate pain, hydromorphone 2 mg Q4h every 4 hours as needed for moderate to severe pain, fentanyl 200 mcg IV every 15 minutes as needed for severe pain	
Intervention	300 mg single shot administration on each side (total 600 mg) of liposomal bupivacaine	150 mg of liposomal bupivacaine	10 mL (150mg) 1.5% liposomal bupivacaine introneural on each breast pocket				10 mL (150mg) 1.5% liposomal bupivacaine introneural on each breast pocket		Liposomal bupivacaine 200mg per side in a "hot block" technique	
Control	100 mg bupivacaine (5% with adrenaline 1:200,000) on each breast pocket	150 mg of 0.5% bupivacaine with 1:200,000 adrenaline	20mL (300mg) 0.5% bupivacaine with adrenaline 1:200,000 epinephrine on each breast pocket		100,000 epinephrine on each breast pocket		Liposomal bupivacaine 200mg per side in a "hot block" technique		Liposomal bupivacaine 200mg per side in a "hot block" technique	

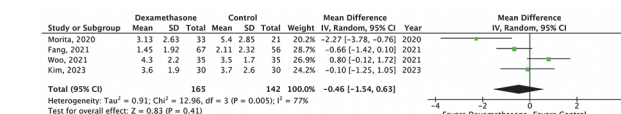
Results Liposomal bupivacaine seems to be beneficial during the first 24 hours considering the length of hospital stay and opioid rescue medication. The way pain scores are reported varied among studies and different time assessments were used. The majority of studies reported lower pain scores with liposomal bupivacaine during the first 24h.

Conclusions Our findings suggest that the use of liposomal bupivacaine for local infiltration demonstrates a promising trend towards efficacy, with the potential to decrease both inpatient opioid consumption and antiemetic use following breast surgery. Due to the heterogeneous outcome data captured on pain scores, it is difficult to determine its real impact. We urge societies to support standardized ways to evaluate pain and other outcomes of interest for regional anesthesia.

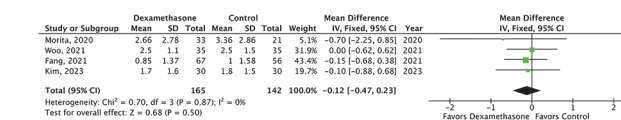
Results The literature search identified 1160 studies, out of which 4 studies met the inclusion criteria, involving a combined population of 307 patients. Significant differences in the VAS scores were observed between the perineural dexamethasone and control groups at 12 hours (figure 1). However, there were no significant differences in VAS scores between the two groups at 24 hours (figure 2) and 48 hours (figure 3).



Abstract OP057 Figure 1 Mean values of visual analogue scale (VAS) at 12 hours post-surgery



Abstract OP057 Figure 2 Mean values of visual analogue scale (VAS) at 24 hours post-surgery



Abstract OP057 Figure 3 Mean values of visual analogue scale (VAS) at 48 hours post-surgery

OP057 EFFECTIVENESS OF DEXAMETHASONE IN REDUCING REBOUND PAIN AFTER BRACHIAL PLEXUS BLOCK: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Background and Aims Brachial plexus block (BPB) is commonly used for regional anaesthesia for superior limb orthopedic surgery. However, rebound pain after BPB resolution may limit its efficacy. This study aims to synthesize evidence on the effects of perineural dexamethasone on post-BPB rebound pain.

Methods A systematic search of MEDLINE, EMBASE, and Cochrane Library databases was conducted until April 18, 2023. The present study incorporates randomized and non-randomized controlled trials, which evaluate the outcomes of rebound pain in patients undergoing BPB procedures with perineural dexamethasone as compared to control groups. Mean values of visual analogue scale (VAS) at 12, 24, and 48 hours post-surgery were extracted, and mean difference (MD) was calculated. Statistical analyses were performed using RevMan 5.4. Our study is registered in the PROSPERO under protocol CRD42023418469.

OP058 CRYOANALGESIA DECREASED PREOPERATIVE PAIN SCORES BEFORE TOTAL KNEE ARTHROPLASTY WITH NO DIFFERENCE IN POSTOPERATIVE OPIOID CONSUMPTION

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10.1136/rapm-2023-ESRA.58

Please confirm that an ethics committee approval has been applied for or granted: Yes: I'm uploading the Ethics Committee Approval as a PDF file with this abstract submission

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Background and Aims Total knee arthroplasty surgery is one of the most common orthopedic surgeries performed and are associated with high pain scores and opioid requirements. Novel multimodal pain management is a priority. A gap in the literature exists regarding the effects cryoanalgesia on