

Results 55 patients (table 1) were enrolled and divided into Hypo-group (hypotension after SA) and NO Hypo-group (no hypotension). The average collapsibility of ICV as well as IV was significantly higher in the Hypo-group (image2). Analysis showed a systolic pattern of hypotension (Image3). The ROC showed high predictive value for ICV (AUC:0.974) as well as IV (AUC:0.985) collapsibility.

Conclusions Our intent was to compare the predictive value of IV versus ICV collapsibility in assessing the risk of hypotension following SA in elderly patients with HF. PoCUS approach allows anesthesiologists to measure preoperative IV collapsibility easier than ICV, providing them the possibility to predict hypotension risk after SA, even in the operating theater.

ePoster session 1 – Station 1

EP001 FREQUENCY OF EPIDURAL CATHETER-INCISION CONGRUENCY AND EFFECTIVENESS OF POSTOPERATIVE ANALGESIA FOR ADULT PATIENTS AFTER MAJOR ABDOMINAL SURGERY: AN OBSERVATIONAL STUDY IN LMIC

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Background and Aims Thoracic epidural analgesia improves pain relief, bowel function, patient satisfaction and accelerates recovery in patients undergoing abdominal surgeries. Effective postoperative epidural analgesia depends on inserting the catheter correctly in the epidural space. The primary aim of this study was to observe the frequency of appropriate epidural catheter insertion site in adult patients scheduled for major abdominal surgeries and secondary objectives were to observe the frequency of ineffective postoperative analgesia, side effects, and complications.

Methods This study was conducted for a period of three months (1st July to 30th September 2022), after the approval from the Ethical Review Committee. All adult patients who underwent elective major abdominal surgery under general anaesthesia with an epidural catheter placed for postoperative pain management were included in this study. Data were collected at Aga Khan University Hospital Karachi.

Results One hundred and eighty-two patients were included in this study. Ninety-six (52.75%) of patients were male. The epidural catheter was inserted congruent to the surgical incision that is at T10/T11 interspace or above in only forty-three (23.6%) patients, below T11 but till L1 in seventy-three (40.15%) of patients, and below L1 in sixty-six (36.3%) patients. In the postoperative period, overall effective epidural analgesia was observed in seventy-nine (43.4%) of patients. Regarding the side effects of epidural infusion, the motor block was observed in sixty-six (36.26%) of patients in the immediate postoperative period.

Conclusions The frequency of appropriate epidural catheter insertion was found in 23.6% of patients. The frequency of ineffective postoperative analgesia was found in 56.6% of patients.

EP002 COMPARATIVE STUDY BETWEEN ULTRASOUND GUIDED SERRATUS ANTERIOR AND ERECTOR SPINAE BLOCK FOR PERIOPERATIVE ANALGESIA IN CHILDREN UNDERGOING UPPER THORACIC SURGERIES

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Background and Aims Perioperative thoracotomy pain management with reduced opioid consumption is beneficial for early recovery. Both erector spinae and serratus anterior plane block have been used in thoracic surgeries. We aimed to compare the USG erector spinae and serratus anterior plane blocks on cumulative opioid consumption and recovery.

Methods After ethical committee clearance, a prospective, randomised study was conducted in patients aged 5 to 14 years undergoing open thoracotomy under general anaesthesia. Seventy patients were allocated randomly into two equal groups of 35 each: Group 1 received Serratus anterior plane block while Group 2 received Erector spinae block respectively. Each group received 0.5 ml/kg of 0.25% bupivacaine with 2 micrograms/ml of fentanyl. The primary outcome of our study was to compare the cumulative opioid consumption between the two groups. The study's secondary outcome was to determine the time of chest physiotherapy initiation, postoperative hospital stay, postoperative pain scores and complications between the two groups.

Results Mean opioid requirement during intraoperative, postoperative period and cumulative was more in Group 1 than in Group 2 with p values of 0.0002, 0.0032 and 0.0024 respectively. The mean time to start chest physiotherapy & mean postoperative hospital stay were higher in Group1 than in Group2 (p-value 0.002 & 0.046 respectively).

Conclusions Ultrasound-guided Erector Spinae block is superior to Serratus anterior plane block in children undergoing thoracic surgery with decreased perioperative opioid analgesia, early chest physiotherapy initiation, and lesser hospital stay.

EP003 TIME TO SURGICAL TREATMENT FOR HIP FRACTURE CARE

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Background and Aims Hip fracture is a common and serious injury, particularly in older adults, which can lead to significant morbidity, mortality, and decreased quality of life. Surgery is the standard treatment for hip fractures, and its timing is crucial for optimal outcomes. Studying the time from hip fracture to surgery can help identify best practices for timely surgery and improve patient outcomes.