

EP015 PAIN MANAGEMENT IN THORACIC SURGERIES: A SYSTEMATIC REVIEW AND META-ANALYSIS COMPARING ERECTOR SPINAE AND SERRATUS ANTERIOR PLANE BLOCKS

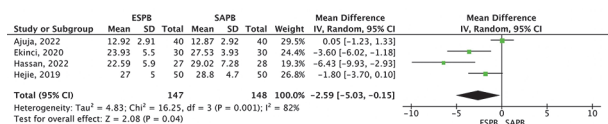
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Background and Aims The Erector Spinae Plane Block (ESPB) and the Serratus Anterior Plane Block (SAPB) are potential options for surgeries in the thorax. This study aims to compare the efficacy and safety between them.

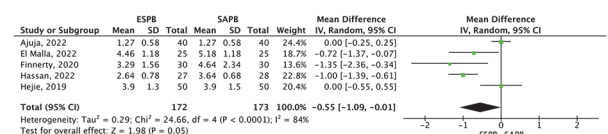
Methods PubMed, EMBASE, and Cochrane were searched for RCTs comparing the ESPB to the SAPB. The outcomes included opioid consumption intraoperatively and in the first 24 h, pain scores, postoperative nausea and vomiting (PONV), and block-related complications incidences. RevMan 5.4 analyzed data and sensitivity analysis was conducted by systematically removing each study. (PROSPERO – CRD42023415421)

Results The study analyzed six RCTs with 405 patients, 50% underwent ESPB. Intraoperative opioid consumption was significantly lower in the ESPB group (figure 1). No significant differences were found in pain scores at rest or movement at 2h (MD4 -0.28; 95% CI -1.01 to 0.44; p=0.44 and MD -0.14; 95% CI -0.54 to 0.27; p=0.51) and 12h (MD -0.15; 95% CI -0.53 to 0.22; p=0.43 and MD -0.55; 95% CI -1.24 to 0.14; p=0.12). However, at 24h, there were significantly lower pain scores for the ESPB group when in movement (figure 3) and overall block-related complications, there were no significant differences. Sensitivity analysis did not change the overall conclusion in any of the outcomes evaluated.

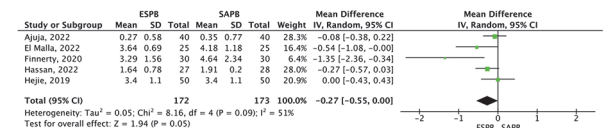


Abstract EP015 Figure 1 Intraoperative opioid consumption was significantly lower in the ESPB group

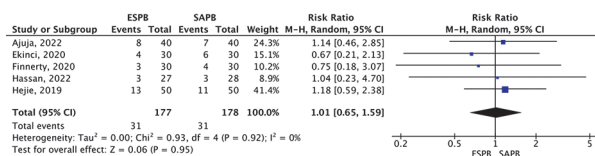
2A



2B



Abstract EP015 Figure 2 At 24h there were significant lower pain scores for the ESPB group when in movement (Figure 2A) and a similar tendency for when in rest (Figure 2B)



Abstract EP015 Figure 3 There were no significant differences regarding PONV incidence between the groups

Conclusions Our findings suggest that ESPB may be more effective than SAPB for thoracic surgeries, although the safety profile is similar.

EP016 NEURAXIAL TECHNIQUES FOR THE OBESE PARTURIENT: OUR EXPERIENCE FROM THE LABOR ROOM

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Background and Aims Obese parturients are frequently encountered in the maternity wards and this population is expected to increase, in accordance with the obesity prevalence in the general population. Anesthetists may confront difficulties mainly regarding airway management and neuraxial techniques.

Methods Parturients with a BMI > 30kg/m² at the time of labor were retrospectively identified, from January 2022 to January 2023. Data was collected from patient record and details of anesthetic management and obstetric complications were recorded, after Ethics Committee approval was granted.

Results 106 obese parturients identified during the aforementioned period. The mean BMI was 34.7kg/m², ranging from 30.1 to 49.4 kg/m². 92 (86.7%) of them received an intrapartum neuraxial technique. 90 (89.5%) of them had an unassisted vaginal delivery, 16 (15%) an operative or instrumental delivery and 27 (25.4%) cesarean delivery (7 as emergency). Overall, 92 (86.7%) obese parturients received a labor epidural or a dural puncture epidural. 3 women requested labor epidural, but that was not achieved. 5 labor epidural attempts were recorded as vigorous. Regarding cesarian sections, 25 (92%) were performed under regional anesthesia (new spinal/combined spinal epidural anesthesia or successful top-up of the labor epidural) and 2 (7%) under general anesthesia. 44 deliveries (41.5%) were completed out of hours, while another 15 lasted for over 12 hours.