Abstract EP017 Figure 2  Distribution of optic nerve sheath diameters

Conclusions There were no significant differences in ONSD between the hypertensive syndromes of pregnancy and controls without hypertension. Larger diameters were associated with maternal ICU admission and maternal near miss.

ePoster session 1 – Station 4

EP019 MULTIMODAL ANALGESIA FOR ROBOT-ASSISTED LAPAROSCOPIC PROSTATECTOMY

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Background and Aims Robot-assisted laparoscopic radical prostatectomy (RALP) has replaced open prostatectomy. However, RALP does not reduce postoperative pain significantly compared to open prostatectomy. The acute pain response after laparoscopic surgery consists of a parietal and a visceral pain component. Although rectus sheath block (RSB) aids to control parietal pain originating from incision sites in abdominal surgeries, visceral analgesia should also be considered. We explored whether multimodal analgesia including intravenous dexmedetomidine and ketorolac reduced postoperative pain after RALP in patients receiving RSBs.

Methods The Ethics Committee of Seoul St. Mary’s Hospital approved this prospective, non-randomized observational study on August 10, 2020 (approval number: KC20OISI0520). All patients received ultrasound-guided RSBs preoperatively for analgesia after RALP. Multimodal analgesic drugs including intraoperative intravenous infusion of dexmedetomidine and ketorolac were administered in the study group (n = 30) but not in the control group (n = 30). The pain scores and total postoperative opioid requirements were compared between the two groups until 24 h after surgery.

Results Demographic characteristics were comparable between the two groups. During surgery, patients in the study group were administered less remifentanil than controls. The study group showed significantly less pain scores during rest and coughing at 1 and 6 h after surgery, and less opioid requirements until the 24 h after surgery. The two groups were similar in all other postoperative characteristics.

Conclusions The multimodal analgesia (intravenous dexmedetomidine and ketorolac) improved postoperative analgesia after RALP in patients with RSBs. Further studies on various combinations of multimodal analgesics are needed to promote patient recovery.

Abstract EP019 Table 1 Demographic and intraoperative characteristics of the study and control groups

Abstract EP019 Table 2 Postoperative analgesic characteristics of the study and control groups
Background and Aims  Posterior spine instrumentation and fusion (PSF) is a painful surgery undertaken to treat adolescent idiopathic scoliosis (AIS). Ultrasound-guided Erector Spinae Plane Block (ESPB) may present a new opportunity to apply regional analgesia to pediatric patients undergoing this surgery. To date, there exist limited applications of regional anesthesia for PSF in a comprehensive enhanced recovery pathway. We assessed the feasibility of performing ESPB in patients with AIS undergoing PSF.

Methods  This randomized control trial was approved by the institutional review board of the Hospital for Special Surgery (IRB# 2019-2131). A total of 24 patients were enrolled; 12 patients were randomized to receive the bilateral ESPB with local anesthesia and 12 did not receive the bilateral ESPB. Patients in both the ESPB group and no block group received the same standard anesthetic/analgesic regimen.

Results  To reach our enrollment target of 24 participants, we approached 57 eligible patients. Out of the 12 patients randomized to the ESPB group, 9 (75.0%) successfully received the allocated intervention. Completion of the block in two patients was unsuccessful. In addition, one case was cancelled due to an unrelated intraoperative complication. Within our cohort, we successfully administered ESPB to 75% of the patients in the treatment group. Further studies are needed to investigate the potential benefits of ESPB improving postoperative analgesia and decreasing patient opioid requirements in patients with AIS undergoing PSF.

Conclusions  Within our cohort, we successfully administered ESPB to 75% of the patients in the treatment group. Further studies are needed to investigate the potential benefits of ESPB improving postoperative analgesia and decreasing patient opioid requirements in patients with AIS undergoing PSF.