

Results When osteoporotic compression fracture was found (38%), the contact between adjacent spinous process impeded the median approach (figure 2), but most needle insertions were located within the spinal canal in the other cases (85.7% median or 81% 1cm paramedian) (figure 3). In 23% the needle remained within the canal beside the dural sac. In 13% a certain bone penetration occurred. Individualization of the paramedian approach led to successful insertions at very variable angles and distances (up to 32,2° and 2,64 cm paramedian, respectively).

Conclusions Ultrasound may indicate if the interspinous space is visible. Then, the insertion of needles at 0° regarding the axial plane, taking the upper process as reference, is viable. If not, the alternative optimal paramedian approach must be individualized in fractured or rotated spines.

EP032

COMPARISON OF OBLIQUE SUBCOSTAL, POSTERIOR OR DUAL TRANSVERSUS ABDOMINIS PLANE BLOCK IN LAPAROSCOPIC CHOLECYSTECTOMY: A PROSPECTIVE, RANDOMIZED-CONTROLLED, DOUBLE-BLINDED STUDY

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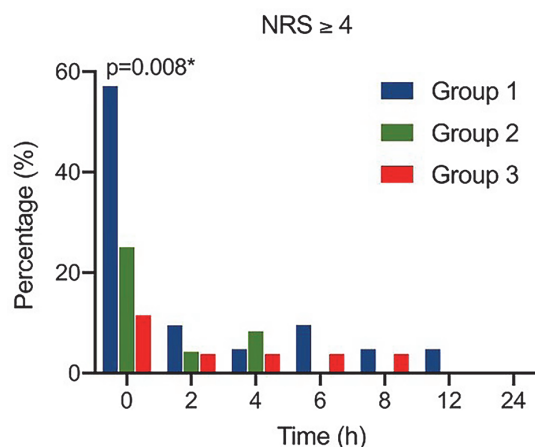
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Background and Aims The transversus abdominis plane (TAP) block is commonly used for postoperative analgesia. We aimed to compare postoperative analgesic effects and opioid consumption between oblique subcostal (OSTAP), posterior, or dual TAP blocks in laparoscopic cholecystectomy (LC) patients.

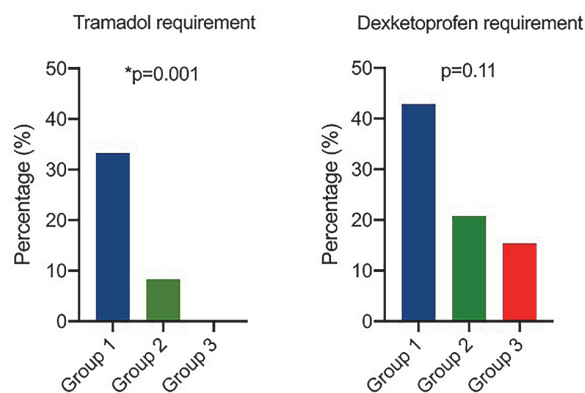
Methods In this prospective, randomized-controlled, double-blinded study, 85 patients undergoing LC aged 18-65, and ASA 1-2 were enrolled after ethical approval (NCT04693156). Patients were randomized into three groups. In Group 1 OSTAP, Group 2 posterior TAP, and Group 3 dual (OSTAP and posterior) TAP blocks were performed with 0.5% Bupivacaine, 1% Prilocaine, and saline (each 10mL) ultrasound-guided, right unilaterally and postoperatively; to maintain blindness in Group 1 posterior TAP and Group 2 OSTAP block were performed with saline 30mL. Pain severity by numerical rating scale (NRS), analgesic consumption, and sensory dermatomal involvement (T6-L2) was recorded at 0th-2nd-4th-6th-8th-12th-24th hours. If $NRS \geq 4$ dexketoprofen 50mg, if $NRS \geq 7$ tramadol 100mg was administered. $P < 0.05$ was considered statistically significant using SPSS 22.0.

Results Seventy-one patients' data were analyzed. At initial assessment, 12 patients in Group 1 (n=21), six patients in Group 2 (n=24), and three patients in Group 3 (n=26) had $NRS \geq 4$ ($p=0.008$). None of the patients in Group 3 required tramadol, whereas 33.3% in Group 1 and 8.3% in Group 2 required tramadol ($p=0.001$). Dermatomal involvement was wider in Group 2 and Group 3 than in Group 1 ($p=0.001$).

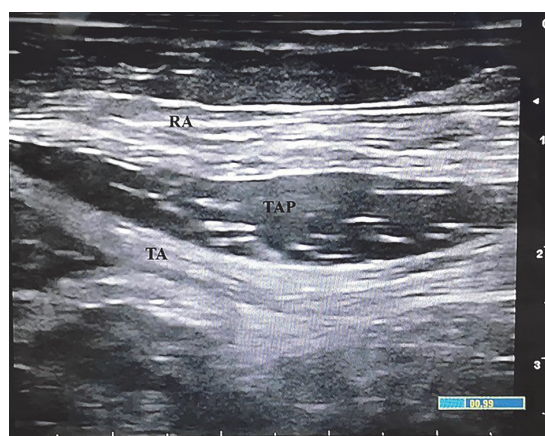
Conclusions With dual TAP block, more effective analgesia is provided than OSTAP block, and posterior TAP block is as effective as dual TAP block therefore both can be chosen for postoperative pain control in LC patients.



Abstract EP032 Figure 1 Comparison of the rate of resting NRS of 4 and above according to the follow-up hours between the groups. *:The difference between Group 1 and Group 3 is statistically significant. NRS: Numeric Rating Scale



Abstract EP032 Figure 2 Comparison of a) percentage of tramadol requirement and b) percentage of dexketoprofen requirement between the groups *: The difference between Group 1 and Group 3 is statistically significant. Blue: Group 1, Green: Group 2, Red: Group 3



Abstract EP032 Figure 3 OSTAP block. The spread of local anesthetic solution is seen on the transversus abdominis plane between the rectus abdominis and transversus abdominis muscles. RA: rectus abdominis muscle, TA: transversus abdominis muscle, TAP: transversus abdominis plane