



Abstract EP039 Figure 2 Quadratus lumborum III block imaging. TP: Transverse Process, EO: external oblique muscle IO: internal oblique muscle TA: transverse abdominis muscle. TLF: thoracolumbar fascia



Abstract EP039 Figure 3 During the operation, the patient and the surgical team

Results The patient was transferred to the ward without any complications or pain after the operation. The patient consumed 4 g of paracetamol, 50 mg of dextetoprofen, and 50 mg of tramadol in postoperative analgesia during 24 hours, and was discharged without any issues at the end of the 24th hour.

Conclusions This case report describes the successful use of Paravertebral and QLB-III in a pulmonary risk patient undergoing LC. We believe that Paravertebral and QLB-III can be a safe and an effective option for regional anesthesia in pulmonary risk patients undergoing LC.

EP040

ULTRASOUND GUIDED SUB-TRANSVERSE INTERLIGAMENTARY BLOCK VS ERECTOR SPINAE PLANE BLOCK FOR POST-OPERATIVE PAIN MANAGEMENT IN CARCINOMA BREAST PATIENTS UNDERGOING MODIFIED RADICAL MASTECTOMY

Amrita Rath*. *Anesthesiology, Institute of Medical Sciences, BHU, Varanasi, India*

10.1136/rapm-2023-ESRA.102

Background and Aims Ultrasound-guided regional anaesthesia techniques are recent congeners in multimodal pain management, leading to the development of fascial plane blocks. With the advent of ultrasound, alternative paraspinal blocks have been explored which include the Erector spinae plane [ESP] block and Sub-transverse interfragmentary [STIL] block. We aimed to assess the effectiveness and safety of STIL block in comparison with ESP block in patients undergoing Modified Radical Mastectomy.

Methods After ethical committee clearance, 150 female patients undergoing Modified Radical Mastectomy between 18-65 years of age with ASA grade I & II with informed consent were selected. After induction of general anaesthesia patients were placed in a lateral position and using a high-frequency linear ultrasound probe, 20 mL of 0.25% Levobupivacaine was given each in Group 1(ESP block) and Group 2(STIL). Post-operative pain in the form of the Numerical Rating Scale [NRS] was assessed. Changes in hemodynamic parameters, the total dose of opioid requirement, total duration of analgesia, total time taken for procedure and the number of doses of rescue analgesia required were also recorded.

Results NRS scores and requirement of rescue analgesia were significantly low and duration of analgesia was significantly high in Group 2 patients. Variations in haemodynamics were significantly less in group 2. The time taken for performing the procedure was significantly less in group 1.

Conclusions STIL block provides longer-acting analgesia with better hemodynamic outcomes as compared to ESP block in patients undergoing MRM. STIL block is however technically more challenging than ESP block.

EP041

FACTORS ASSOCIATED WITH THE DEVELOPMENT OF POSTPARTUM DEPRESSION AFTER CAESAREAN DELIVERY

¹Sheryl Yu Xuan Chow*, ^{2,3}Chin Wen Tan, ^{2,3}Hon Sen Tan, ⁴Rehana Sultana, ⁵Daryl Jian'An Tan, ^{2,3}Ban Leong Sng. ¹Duke-NUS Medical School, Singapore, Singapore; ^{2,3}Ban Leong Sng. ¹Duke-NUS Medical School, Singapore, Singapore; ²Department of Women's Anaesthesia, KK Women's and Children's Hospital, Singapore, Singapore, Singapore; ³Anaesthesiology and Perioperative Sciences Academic Clinical Program, Duke-NUS Medical School, Singapore, Singapore, Singapore; ⁴Centre for Quantitative Medicine, Duke-NUS Medical School, Singapore, Singapore, Singapore; ⁵Ministry of Health Holdings, Singapore, Singapore, Singapore

10.1136/rapm-2023-ESRA.103

Background and Aims This study aimed to validate a predictive model of postpartum depression in patients having undergone Caesarean delivery to determine clinical relevance of pre-operative determinants for post-Caesarean pain management.

Methods Parturients undergoing Caesarean delivery and requiring regional anaesthesia were recruited. Pre-delivery pain and anxiety assessment were conducted via pain scoring, mechanical temporal summation assessment and questionnaires. Outcome on incidence of postpartum depression is defined as having an Edinburgh Postpartum Depression Scale (EPDS) score of 10 or more. Other information on pain scores, analgesia consumption, opioid-related side effects, and patient satisfaction were also collected.

Results In this validation study, postpartum depression at 6 to 10 weeks post-delivery occurred in 18.9% (34 of 180) of patients who underwent elective Caesarean delivery. Having pre-delivery EPDS score ≥ 10 (adjusted odds ratio