

Results Upon PACU admission, over 75% of patients had a VAS of less than 3, and the highest pain score was observed at 12 and 24 hours postoperatively, which corresponds to the block's analgesia duration (table 2). The postoperative opioid consumption was relatively low overall with only 4 patients requiring one time use of Tramadol 100mg IV. Patient satisfaction with analgesia was high, as indicated by 70% of patients providing a satisfaction score of 10/10. No cases of PONV or block-related complications were observed.

Conclusions Our findings suggest that EOIB reduces pain scores and opioid consumption for Kocher surgeries and is an effective part of a multimodal analgesia strategy

EP075 PAIN MANAGEMENT IN MINIMALLY INVASIVE CARDIAC SURGERY: A SYSTEMATIC REVIEW AND META-ANALYSIS OF THE ERECTOR SPINAE PLANE BLOCK VERSUS CONTROL

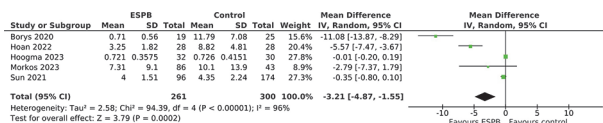
¹Marcela Tatsch Terres, ²Maria Luísa Assis, ³Rita Gonçalves Cardoso*, ⁴Sara Amaral. ¹Anesthesiology, Universidade do Sul de Santa Catarina, Palhoça, Brazil; ²Anesthesiology, Hospital das Clínicas de Porto Alegre, Porto Alegre, Brazil; ³Anesthesiology, Hospital da Senhora da Oliveira – Guimarães, Guimarães, Portugal; ⁴Anesthesiology, Hospital Regional Deputado Afonso Guizzo, Ararangua, Brazil

10.1136/rapm-2023-ESRA.137

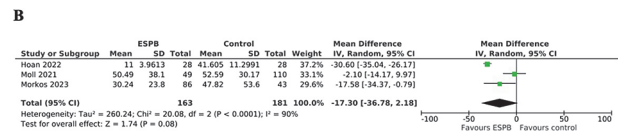
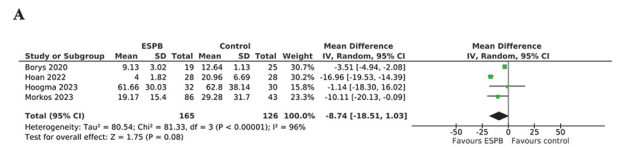
Background and Aims Minimally invasive cardiac surgery (MICS) has emerged as a promising approach for cardiac procedures, improving patient outcomes. However, postoperative pain management remains a significant challenge in this field. Various regional anesthesia techniques have been investigated with the erector spinae plane block (ESPB) being one of the relatively recent advancements. Our aim is to compare the efficacy of this block with a control group in patients undergoing MICS.

Methods PubMed, EMBASE, and Cochrane were searched for studies comparing the ESPB to control (non-block group). The outcomes included opioid consumption, postoperative duration of mechanical ventilation, and intensive care unit (ICU) and hospital lengths of stay. RevMan 5.4 analyzed data.

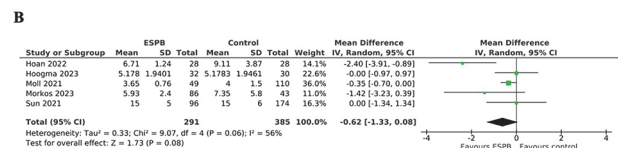
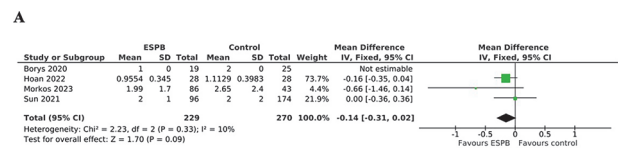
Results The present study systematically analyzed a total of six studies encompassing a sample size of 717 patients, with 43.2% of them undergoing the erector spinae plane block (ESPB). Our findings revealed that the implementation of ESPB yielded a statistically significant reduction in the duration of mechanical ventilation when compared to the control group (figure 1). Conversely, no significant differences were observed between the ESPB and control groups in relation to opioid consumption (figure 2). Furthermore, there were no significant disparities detected between the groups concerning the lengths of stay in the intensive care unit (ICU) and hospital (figure 3).



Abstract EP075 Figure 1 Duration of mechanical ventilation was lower in the ESPB group



Abstract EP075 Figure 2 There was no significant difference in opioid consumption at 24 hours (Figure 2A) or at 72 hours (Figure 2B)



Abstract EP075 Figure 3 There was no significant difference in length of stay in the intensive care unit (Figure 3A) or in the hospital (Figure 3B)

Conclusions Based on our findings, it can be inferred that the implementation of the ESPB may effectively decrease the duration of mechanical ventilation. However, in order to draw more comprehensive conclusions, further investigations involving a larger number of patients are warranted.

EP076 IMPROVING PATIENT SAFETY WITH THE RA-AB BRACELET IN THE NON-OBSTETRIC POPULATION

¹Rachel Mathers, ²Sean McMahon*, ¹Anaesthetics, Daisy hill Hospital, N.I (Southern trust), Belfast, UK; ²Anaesthetics, Craigavon Area Hospital, N.I (Southern trust), Belfast, UK

10.1136/rapm-2023-ESRA.138

Background and Aims In 2021 we developed the Regional Anaesthetic Alert Bracelet Project (RA-AB)(1) in response to joint recommendations from OAA/AoA(2).The RA-AB helps to monitor recovery of motor function after neuraxial block and prompts timely escalation of care, if recovery of straight leg raise is delayed beyond four hours.This safety initiative has been successfully adopted in over fifty Trusts in UK but predominantly in the obstetric population.Our aim was to introduce the RA-AB in non-obstetric patients receiving regional blocks in our Trust.Additionally,to assess the impact on nursing staff knowledge and to update the Toolkit(3) with useful resources to assist other Trusts in their implementation of the project.