

Abstracts

Abstract EP090 Table 2 Evaluation of NRS measurements by groups

Table 2: Evaluation of NRS Measurements by Groups

NRS	Med±SD	Analgesia Plan		p
		M-TAPA	IV PCA	
2.hour	Med±SD	2,39±1,62	3,60±1,35	$\leq 0,001^{**}$
6.hour	Med±SD	2,96±1,49	5,30±1,45	$\leq 0,001^{**}$
12.hour	Med±SD	2,22±1,24	4,55±1,36	$\leq 0,001^{**}$
24.hour	Med±SD	1,00±1,00	2,60±1,23	$\leq 0,001^{**}$
36.hour	Med±SD	0,65±0,71	1,80±1,24	$\leq 0,001^{**}$
p		$\leq 0,001^{**}$	$\leq 0,001^{**}$	

Results A total of 43 patients were included in the study. Pain scores (at 2.,6.,12.,24.,36. hours) were significantly lower in group M-TAPA than in the group control ($p < 0.001$). The total amount of morphine consumption in the first 48 h was lower in group M-TAPA than in the group control (M-TAPA $21,13 \pm 6,56$; IV PCA $61,70 \pm 11,42$) ($P < 0.001$). There were no significant differences between the groups in terms of side effects and rescue treatment ($p > 0,05$).

Conclusions Bilateral ultrasound-guided M-TAPA block provides reduced postoperative pain scores, effective analgesia and decreased opioid consumption in patients undergoing major abdominal surgery.

ePoster session 3 – Station 4

EP091 CONTINUOUS WOUND INFUSION (CWI) MAY BE A VALID ALTERNATIVE FOR POSTOPERATIVE ANALGESIA AFTER ABDOMINAL HYSTERECTOMY

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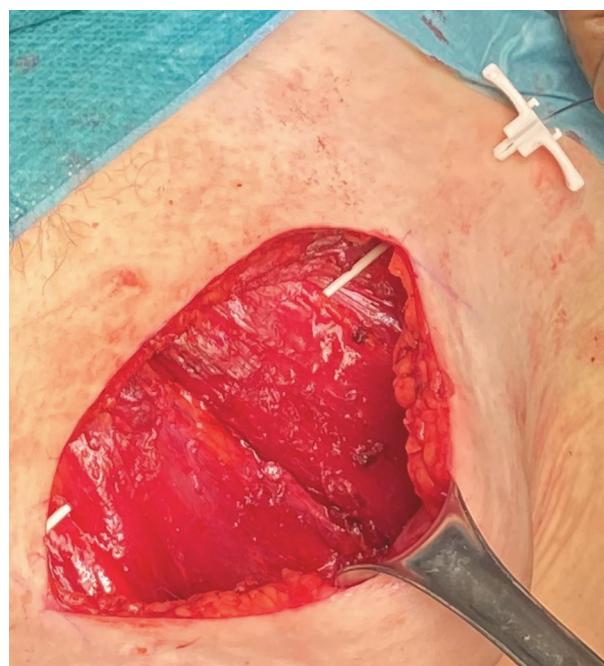
Background and Aims Abdominal hysterectomy (AH) is associated with significant pain. Adequate pain control is essential for improving postoperative outcomes. Although PROSPECT guidelines, dating back to 2006, do not recommend continuous wound infusion (CWI) for AH, the references cited in the guideline used the subcutaneous space as a site for infusion. However, the recent PROSPECT guideline for cesarean section considers CWI effective for analgesia. Given the similarity in incision and surgical site, we conducted a randomized controlled trial to compare deep CWI with transversus abdominis plane (TAP) block, the most commonly used regional anesthesia technique for abdominal surgeries, for AH.

Methods After ethical committee approval (71.22) (NCT05686382), we started to enroll patients scheduled for AH with Pfannenstiel incision. The intervention group received 48 hours of continuous ropivacaine 0.2% infusion through a prefilled fixed rate pump (Ropivacaine ReadyfusOR – BioQ Pharma) via a multi-holed catheter placed along the incision line between transversalis fascia and parietal peritoneum. The control group received a bilateral TAP block with ropivacaine 0.5% 20 ml. We recorded data on pain scores at rest and in motion, opioid consumption, and postoperative side effects.

Results Preliminary data from the first ten cases showed differences in pain scores (NRS) in favor of the CWI group as shown in table 1. No differences emerged for other outcomes so far.

Abstract EP091 Table 1 Mean NRS in the two groups; green highlighted differences (>2 points) are deemed clinically significant

		NRS rest recovery room		NRS rest 6 hours		NRS rest 12 hours		NRS rest 24 hours		NRS rest 48 hours		NRS - mov recovery room		NRS - mov 6 hours		NRS - mov 12 hours		NRS - mov 24 hours		NRS - mov 48 hours	
		Mean	sd	Mean	sd	Mean	sd	Mean	sd	Mean	sd	Mean	sd	Mean	sd	Mean	sd	Mean	sd	Mean	sd
CWI	Mean	3	2,83	2,6	2,41	2,2	3,35	0,6	0,89	0,2	0,45	3	2,83	4	1	3,6	2,4	2,4	0,6	0,6	0,6
	sd	2,83	2,41	3,35	0,89	0,45	2,83	3	4	1	2,61	0,89	0,89	2,3	1,95	2,3	1,67	2,3	1,67	2,3	1,67
TAP	Mean	4,2	6,4	5,4	4,6	1,8	4,6	4,6	7,4	5,6	5,4	3,4	3,4	3,4	3,4	3,4	3,4	3,4	3,4	3,4	3,4
	sd	3,9	1,82	1,52	2,07	1,3	4,33	2,3	1,95	2,3	1,67	2,3	1,67	2,3	1,67	2,3	1,67	2,3	1,67	2,3	1,67
Mean difference		-1,2	-3,8	-3,2	-4	-1,6	-1,6	-3,4	-2	-3	-2,8	-2,8	-2,8	-2,8	-2,8	-2,8	-2,8	-2,8	-2,8	-2,8	-2,8



Abstract EP091 Figure 1 Peel away introducer placed below the rectus muscles for a deep catheter placement



Abstract EP091 Figure 2 Prefilled pump preparation for infusion

Conclusions Preliminary data showed CWI as not-inferior to the TAP block for AH for postoperative pain control. We believe that final data will confirm this result.