

Best free paper session I – Regional anaesthesia

1 EFFECTIVENESS OF ULTRASOUND – GUIDED BILATERAL ERECTOR SPINAE PLANE BLOCK IN LAPAROSCOPIC CHOLECYSTECTOMIES. A RANDOMIZED, CONTROLLED, DOUBLE BLIND, PROSPECTIVE TRIAL

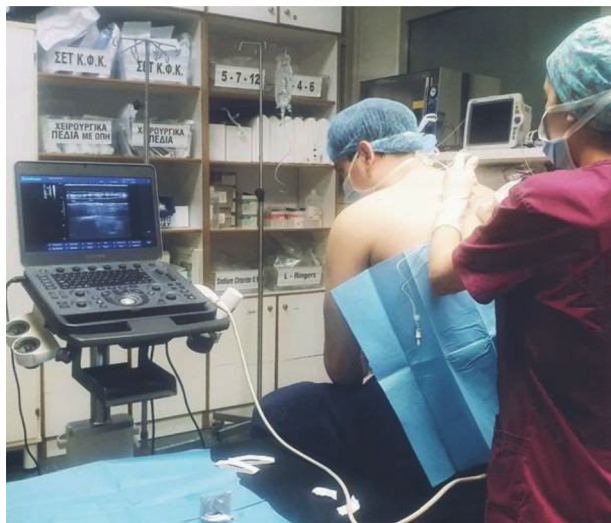
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Background and Aims Laparoscopic cholecystectomy (LC) is one of the most common procedures performed by general surgeons. Postoperative pain can be moderate to severe, requiring administration of large doses of opioids. Erector Spinae Plane block (ESPB) is a trunk block performed as a method of postoperative analgesia in various surgical procedures. Its analgesic efficacy in LCs when dexmedetomidine is added in the local anesthetic mixture, has not been proven yet. In this study, we explored its efficacy as a perioperative analgesic method in patients undergoing LC.

Methods This study was designed as a double-blinded, randomized, controlled, prospective study. 60 patients were randomized into Group C: ESPB N/S 0,9%, Group D: ESPB ropivacaine 0,375%, dexmedetomidine 1 mcg/kg, Group R: ESPB ropivacaine 0,375%. ESPB was performed bilaterally before the induction of general anesthesia, with ultrasound guidance. Statistical analysis was performed with ANOVA, two-way ANOVA for repeated measures, Kruskal-Wallis, Spearman test.

Results All patients remained hemodynamically stable and no major complications were observed. Total intraoperative remifentanyl was statistically different between the three groups. Median 24h morphine consumption, median NRS scores at all time points and mobilization time, were



Abstract 1 Figure 1

statistically different between Groups C and D, Groups C and R, but insignificant between Groups R and D. Satisfaction score was found to be statistically significant between Group C and D.

Conclusions ESPB performance with ropivacaine or ropivacaine/dexmedetomidine in patients scheduled for LC is a novel, safe and simple method, which can help improve the quality of analgesia, avoid the complications of opioid administration and thus achieve pre-emptive, multimodal and ‘opioid-free analgesia’.

2 PROSPECT GUIDELINE FOR ELECTIVE CAESAREAN SECTION: UPDATED SYSTEMATIC REVIEW AND PROCEDURE-SPECIFIC POSTOPERATIVE PAIN MANAGEMENT RECOMMENDATIONS

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Background and Aims Caesarean section (CS) is associated with postoperative pain, which can influence recovery, satisfaction, breastfeeding success, mother-child bonding and can lead to persistent pain (1,2,3). Pain after CS is often undertreated due to fears that analgesia might induce maternal/neonatal side-effects. The aim is to develop recommendations for pain management after elective CS under neuraxial anaesthesia.

Methods A systematic review, utilising the PROSPECT methodology (4), was performed, evaluating the effects of analgesic/anaesthetic and surgical interventions during CS. Randomised controlled trials (RCT’s), systematic reviews and meta-analyses published between 1 May 2014 and 22 October 2020 were retrieved from MEDLINE, Embase, PubMed and Cochrane databases.

Results Included were 145 studies (126 RCT’s and 19 systematic reviews and meta-analyses). For patients undergoing elective CS performed under neuraxial anaesthesia, recommendations include intrathecal morphine 50–100 micrograms or diamorphine 300 micrograms administered pre-operatively. Paracetamol, NSAIDs and intravenous dexamethasone administered after delivery. If intrathecal opioids were not administered, local anaesthetic wound infiltration or fascial plane blocks (transversus abdominis plane block or quadratus lumborum block) are recommended. The postoperative regimen should include regular paracetamol and NSAIDs with opioids used for rescue. The surgical technique should include a Johel-Cohen incision, non-closure of the peritoneum and abdominal binders. Transcutaneous electrical nerve stimulation could be an analgesic adjunct.

Conclusions Recommendations were made to optimize postoperative pain management after elective CS performed under neuraxial anaesthesia. The PROSPECT recommendations for postoperative analgesia after CS are a multimodal approach with pre-, intra- and postop analgesic strategies which combined with certain surgical procedures and adjuvant techniques may provide excellent analgesia.