Methods With Ethics Committee agreement (CPP-ILE-DE-FRANCE III, approval date 04/02/2020), healthy volunteers were prospectively included to receive nociceptive cold stimulations at rest, without VRH (Control condition) and during VRH with HypnoVR*software (Oculus Rift® headset, Oculus VR) (VRH condition). Three intensities (Visual Analog Scale (VAS) = 0/10, 2/10, 4/10) of cold stimulations were applied 3 times each (stimulation duration: 20 seconds, separated by 1 minute) on participant's wrist with a thermode. Intensities were chosen beforehand by applying various cold intensities that subjects scored on a VAS. Maximal pain intensity and unpleasantness perception were collected after the end of each condition and then compared.

Results A total of 41 healthy volunteers were analyzed (demographic data: table 1). There is a significant decrease in pain average intensity and unpleasantness perception in VRH compared to control group (2,46±1,59 vs 3,66±1,84; p<.0001 and 3,06±2,06 vs 2,21±1,70; p<0,0001 respectively) (figure 1).

Conclusions VRH (HypnoVR*) managed to decrease cold pain intensity (-33%) and unpleasantness (-40%) perception in healthy volunteers. These results need to be confirmed in clinical setting.

215 OPIOID CONSUMPTION AND NEUROPATHIC PAIN IN ADJUVANT ANAESTHESIA WITH DEXMEDETOMIDINE AND LIDOCAINE

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Background and Aims Combination of opioid analgesics and analgesics with other mechanisms of action has synergistic analgesic effect and therefore the consumption of opioid analgesics could be decreased. It is known that dexmedetomidine and lidocaine both have opioid sparing effects, but the influence of dexmedetomidine in laparoscopic intestine resections has not been observed yet. In this study we investigated reduction in opioid consumption in patients receiving additional lidocaine or dexmedetomidine.

Methods Within the study we observed: (i) fentanyl consumption, (ii) consumption of piritramide on the first and the second postoperative day, and (iii) cognitive function before and after the operation and neuropathic pain two months after the operation. 59 participants were randomly allocated into three groups. The anaesthesia type in the control group (CG) was continuous propofol infusion and fentanyl boluses. Continuous intravenous infusion of dexmedetomidine (0.5 µg/kg/h) and lidocaine (1.5 mg/kg/h) was added to dexmedetomidine (DG) and lidocaine group (LG), respectively.

Results There was no reduction in fentanyl consumption among the groups. We noted significantly lower consumption of piritramide in LG compared with CG on the first postoperative day (p=0.019), and in LG compared with DG on the second postoperative day (p=0.003). There were no differences in changes in cognitive function before and after the surgery and appearance of neuropathic pain two months after the surgery.

Conclusions Lidocaine and dexmedetomidine reduced intraoperative propofol consumption but failed to decrease fentanyl demand. Lidocaine reduced piritramide consumption postoperatively.

216 COMPARING THE EFFICACY AND SAFETY OF USG GUIDED MODIFIED PECTORAL BLOCK VS. ERECTOR SPINAE BLOCK FOR POSTOPERATIVE PAIN MANAGEMENT IN PATIENTS UNDERGOING MODIFIED RADICAL MASTECTOMY

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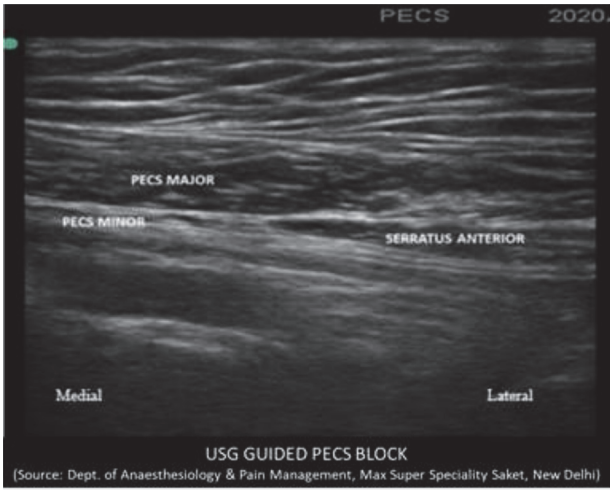
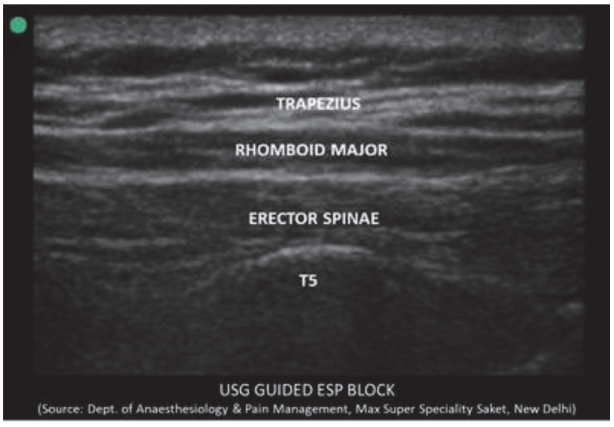
Background and Aims Breast cancer accounts for 25–32% of all female cancers in India[1]. Modified radical mastectomy (MRM), a common surgical procedure, comprises 31% of all breast surgeries performed[2]. A postoperative plan incorporating regional nerve blocks provide efficient analgesia, early mobilization, recovery, and prevention of chronic pain[3].

This study aims to compare the efficacy and safety of modified pectoral nerve (PECS) block and Erector Spinae Plane (ESP) block for pain management in patients undergoing MRM.



Abstract 216 Figure 1



Abstract 216 Figure 2