Abstract 216 Figure 3

Methods This study was registered with the Clinical Trials Registry of India (CTRI/2019/06/019656) following approval from Max Healthcare Ethics Committee.

80 adult female patients (ASA grades I&II) undergoing modified radical mastectomy were randomly allocated into two groups to receive PECS block and ESP block with 30 ml of 0.375% Levobupivacaine, after induction of anaesthesia. Fentanyl was administered for postoperative pain relief via PCA pump.

Outcomes such as Numerical Rating Scale (NRS) scores to assess pain, time to first rescue analgesia, intraoperative and postoperative fentanyl requirement, incidence of PONV, patient satisfaction etc. were statistically analysed.

Results Patients given modified PECS block experienced significantly better quality of analgesia and perceived the block to be more satisfactory with respect to pain relief and ability to sleep ($p < 0.001$). With PECS block, patients showed significantly lower mean NRS scores at 24-hours postoperatively (1.18 ± 1.13 vs 2.65 ± 0.98) ($p < 0.001$) and total fentanyl consumed was considerably lesser (61.25 ± 41.58 mcg vs 183.75 ± 51.13 mcg) ($p < 0.001$).

Conclusions We found that modified PECS block provided superior postoperative analgesia than ESP block in patients undergoing MRM without any adverse effects.

217 EFFECTIVENESS OF TRANSVERSUS ABDOMINIS PLANE (TAP) BLOCKS IN AMBULATORY LAPAROSCOPIC AND ROBOTIC NEPHRECTOMIES

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Background and Aims Ultrasound-guided (USG) Transversus Abdominis Plane (TAP) blocks are fascial plane blocks widely used because of their technical ease and analgesic implications in abdominal surgery.¹ However, only a few small-scale TAP studies in laparoscopic nephrectomies for tumor removal exist, none in an outpatient setting.² We assessed the impact of TAP on pain, PONV and other clinical outcomes when included in an ERAS pathway for extended ambulatory nephrectomies.

Methods We performed a retrospective chart review of 209 ambulatory surgery patients who underwent partial laparoscopic and robotic nephrectomies using an ERAS protocol from 09/2016–12/2019. Preoperative TAP blocks were performed bilaterally with 20 ml of 0.25% bupivacaine or ropivacaine, 50 mcg clonidine and 2 mg dexamethasone. We

Abstract 217 Table 1 Patient demographics and surgical details by block receipt

Characteristic	No TAP, N = 102 ¹	TAP, N = 107 ¹	p-value ²
Age	58 (49, 67)	61 (52, 68)	0.3
Female	43 (42%)	35 (33%)	0.2
ASA Score			0.5
≥3	45 (44%)	53 (50%)	
BMI	28.2 (25.0, 31.8)	28.8 (26.1, 33.6)	0.3
Apfel Score			0.3
0-2	59 (58%)	72 (67%)	
3	34 (33%)	30 (28%)	
4	9 (8.8%)	5 (4.7%)	
Surgery type			0.5
Nephrectomy Partial Lap	33 (32%)	40 (37%)	
Nephrectomy Partial w Robot	69 (68%)	67 (63%)	
Operative Time (mins)	146 (117, 180)	152 (116, 198)	0.3
Surgeon-administered local anesthetic			0.007
Bupivacaine	56 (55%)	48 (45%)	
Exparel	8 (7.8%)	1 (0.9%)	
Exparel, Bupivacaine	2 (2.0%)	1 (0.9%)	
None	36 (35%)	57 (53%)	
Intraoperative MME	47 (38, 57)	40 (30, 50)	0.061
Intraoperative use of acetaminophen	96 (94%)	97 (91%)	0.5
Hours to First Ambulation	5.7 (4.2, 8.2)	5.4 (4.6, 7.7)	0.8
Unknown	44	22	

¹ Statistics presented: median (IQR); n (%)

² Statistical tests performed: Wilcoxon rank-sum test; chi-square test of independence; Fisher's exact test

MME=morphine milligram equivalent

assessed the association between preoperative administration USG TAP (51%) vs. no block (49%) on postoperative outcomes: intraoperative fentanyl, postoperative opioid consumption using morphine milligram equivalent units (MME), PONV rate and hours to first ambulation.

Results Our results demonstrated a trend toward decreased intraoperative MME requirements in the TAP group vs no TAP ($p=0.061$). Patients receiving a TAP also required less postoperative narcotic ($p=0.043$). After adjusting for Apfel Score, age and operative time, the need for PONV rescue medication although not significant trended 8.6% higher in those without a TAP (95% CI -2.7%, 19%; $p=0.11$).

Conclusions We found evidence that US guided bilateral TAP blocks are associated with a reduced need for postoperative narcotics in ambulatory laparoscopic and robotic nephrectomies with a trend toward decreased intraoperative MME requirements. ERAS pathways should consider including TAP blocks, even for these minimally invasive surgeries.

218 LET'S TALK ABOUT RECTUS SHEATH CATHETERS. A RETROSPECTIVE AUDIT OF ANALGESIC TECHNIQUES USED IN EMERGENCY LAPAROTOMY

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Background and Aims Pain following emergency laparotomy can be difficult to manage and there is little evidence to guide best practice. We assessed current practice by reviewing analgesic modalities used within our department, including rectus sheath catheters (RSC).

Methods This audit was authorized by local committee as not requiring ethical approval. Data collection was retrospective including all patients undergoing emergency laparotomy,