

Conclusions SSTS has proved an effective and safe device for POP relief after OPCABG. To the best of our knowledge, this is the first report of SSTS use in OPCABG patients.

225 CONTINUOUS ULTRASOUND-GUIDED RECTUS-SHEATH BLOCK FOR MIDLINE LAPAROTOMY: AN EFFECTIVE POSTOPERATIVE PAIN MANAGEMENT TECHNIQUE – CASE SERIES

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Background and Aims Epidural analgesia, though the gold standard of post-operative pain management for laparotomies, is associated with limitations and is contraindicated in many patients. Continuous rectus sheath (RS) block can provide alternative analgesia after midline laparotomy.

Methods We report 5 cases in which continuous local anesthetic infusion through ultrasound-guided (USG) RS catheters showed effective postoperative pain management for midline laparotomy. The multimodal approach for postoperative analgesia for all 5 patients was: paracetamol 1g 8/8h, ketorolac 30 mg 12/12h or metamizole 2g 8/8h and ropivacaine 0,2% through DIB system (5,2 ml/h) through a bilateral percutaneous USG RS catheter during 72h. Tramadol 100 mg as rescue analgesia.

Results Patient’s pain intensity assessed by numerical rating scale during first 72h and the number of times necessary to administer rescue analgesia was also recorded (see table 1).

Conclusions With this case series, the authors showed that bilateral percutaneous USG RS catheter as part of a



Abstract 225 Figure 1

Abstract 225 Table 1

Pain Scores (0-10)	Case 1	Case 2	Case 3	Case 4	Case 5
Worst pain	4	5	3	3	4
Medium pain	1	1	1	1	1
Rescue analgesia Administration times	0	1	0	0	2

multimodal analgesia regime seems to provided effective post-operative analgesia for midline laparotomy with minimal or no opioid needs.

226 USG GUIDED TAP BLOCK FOR POST OPERATIVE ANALGESIA IN CHILDREN WITH COVID INFECTION UNDERGOING LAPAROTOMY

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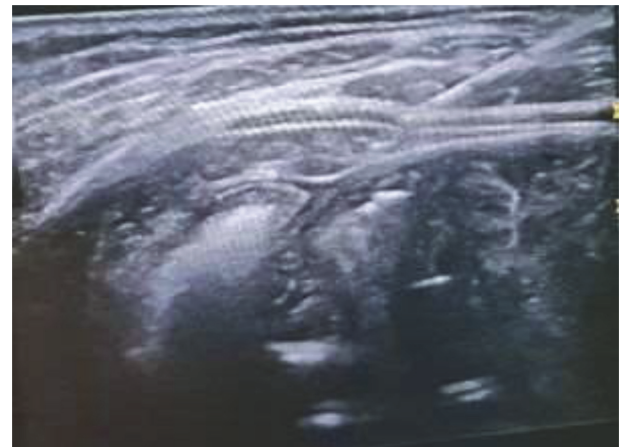
Background and Aims The COVID-19 infection that broke out in the past year had a major impact on pediatric surgery. The urgency of surgical management and asymptomatic symptom in pediatric patients to the risk of multiorgan inflammatory syndrome makes anesthesiologists consider safe and optimal anesthetic techniques.

Methods 9-year-old with 18 kg bodyweight was complained of abdominal pain, diagnose with peritonitis and planned for laparotomy. Patients underwent with general anesthesia intubation. Drugs for induction include fentanyl 40mcg, ketamine 20 mg, and atracurium 10 mg intravenously. Hemodynamics during surgery was stable and after surgery, the patient performed TAP block of Ropivacaine 0.2% and Clonidine 30mcg with total volume 5 ml each side for post operative analgesia.

Results Patient was operated in COVID-19 operating room which intubation use aerosol box to prevent aerosol contacted



Abstract 226 Figure 1



Abstract 226 Figure 2