Abstracts

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

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

to operating room personnel. Maintenance with isoflurane and after surgery risk of pain score of 5–7 so the patient performed Transversus Abdominis Block of 0.2% ropivacaine and Clonidine 30mcg with 5 ml for each side. Transversus abdominis plane block is a regional technique, ultrasound guidance has increased the safety and efficacy of blocks. Ultrasonography allows real-time visualization of anatomical structures, guides the blocking procedure, and shows the spread of the local anaesthetic solution. A more rapid onset of block using less local anaesthetic solution is particularly attractive for paediatrics where most blocks are sited in anaesthetized patients.

Conclusions Intraoperative management including induction, intubation, and extubation should be considered to reduce viral exposure. Postoperative management includes optimal hemodynamic and adequate analgesic monitoring. Regional techniques provide excellent postoperative analgesia in pediatric.

227 REGIONAL METHODS OF PAIN RELIEF IN CHILDREN WITH CEREBRAL PALSY IN HIP SURGERIES

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Background and Aims Prolonged epidural analgesia (PEA) is effective in surgeries done for spastic hip dislocation in children with cerebral palsy and severe forms of motor

dysfunction: IV-V levels according to Gross Motor Function Classification System (GMFSC). Sometimes PEA becomes impossible due to anatomic peculiarities and contraindications. The purpose of this study is to compare different methods of regional analgesia and sedation in children with cerebral palsy for hip surgeries combined with muscle-tendon plasty.

Methods One hundred and one children were included into prospective randomized study, which was approved by local Ethics Committee. Patients received general anesthesia supplemented: PEA and analgo-sedation with fentanyl (group EAA, 32 patients); PEA and sedation with benzodiazepines (group EABS, 37 patients); prolonged femoral nerve block with single ischial nerve blockade (group PCABS, 32 patients). Intensity of pain according to r-FLACC scale, degree of agitation and sedation according to RASS scale, depth of sedation according to Ramsay were evaluated after waking-up, in 6 hours after surgery and on 1 POD. We calculated prescription of NSAIDs and opioids. ANOVA, χ^2 were used.

Results Paracetamol was prescribed to 15 patients (47%) in group EAA, 32 (86.5%) in group EABS, 31 (97%) in group PCABS ($p < 0.001$). Patients EABS and PCABS did not need opioids. There were no differences between groups according to scales r-FLACC, RASS and Ramsay ($p > 0.05$).

Conclusions PEA, prolonged femoral nerve analgesia together with single ischial nerve blockade in combination with NSAIDs are equally effective in hip surgeries in children with cerebral palsy. Sedation with benzodiazepines decreases the need for narcotic analgesics.

228 OPIOID SPARING ANAESTHESIA AND ANALGESIA TECHNIQUES; A QUALITY IMPROVEMENT PROJECT

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Background and Aims Overreliance on opioids to treat postoperative pain and increased availability of opioids in the community have contributed to the opioid epidemic (1). For many patients, the source of initial exposure to opioids is the perioperative period. The aim of this project was to identify local practice and introduce ways to minimise opioids during anaesthesia and recovery.

Methods We conducted a two-week snapshot audit in November 2019 at Brighton and Sussex University Hospitals (BSUH) (UK). The audit was registered with BSUH anaesthetic department Audit and Quality Improvement. Ethics approval was not required. We collected data on opioid use in four theatres and recovery. We also conducted a literature search to identify best available evidence on non-opioid adjuncts.

Results Median opioid use in each theatre and recovery are presented in table 1. In recovery, 1 in 3 patients required more than 10 mg intravenous morphine equivalents (IVME), and more than 1 in 10 patients received more than 20 mg IVME. We compiled evidence-based opioid sparing anaesthesia and analgesia guides for use in theatres and recovery (Figure 1).

Conclusions Although there are no standards to compare with, we believe that these results indicate high opioid use during anaesthesia and recovery. The risk of opioid dependence and side effects that may adversely affect surgical outcomes should be taken into account before prescribing opioids. There is a

Abstract 227 Figure 1