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COMPARISON OF TRANSVERSUS ABDOMINIS PLANE BLOCK AND LATERAL QUADRATUS LUMBORUM BLOCK IN PEDIATRIC PATIENTS; A DOUBLE BLIND RANDOMIZED CONTROLLED TRIAL

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Background and Aims Undescended testicle is a common genitourinary pathology in pediatric population. Due to the complex innervation of the testicle and spermatic cord, analgesic management can be challenging in orchiopexy. We aimed to compare the effects of transversus abdominis plane (TAP) and lateral quadratus lumborum block (QLB) on peri-postoperative pain, analgesic use and patient satisfaction in unilateral orchiopexy.

Methods This prospective, double-blind, randomized, controlled trial was approved by IRB of Istanbul University-Cerrahpasa (2019-71381), registered to Clinicaltrials.gov (NCT03969316) and enrolled 90 pediatric patients aged 6 months to 12 years. Lateral QLB or TAP block were applied under ultrasonography before the surgery. Our primary outcomes were the remifentanyl consumption during the surgery and pain intensity within 24 hours postoperatively. Postoperative pain was evaluated with FLACC score in hospital, Wong-Baker score after discharge. Additional postoperative analgesic consumption and parent satisfaction were evaluated.

Results As a primary outcome, the number of patients who needed remifentanyl was found significantly higher in the TAP group ($p<0.001$). FLACC and Wong-Baker scores, except the

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postoperative first hour FLACC score, were detected significantly higher in TAP group ($p<0.001$). Additional analgesic agent consumption at the 10th, 20th minutes, 6th, 16th and 24th hours, especially after the 6th hour, were significantly higher in the TAP group. Parent satisfaction was significantly higher in the QLB group ($p<0.001$).

Conclusions Preoperative lateral QLB is superior to TAP block in terms of peri-postoperative pain scores, additional analgesic requirement, patient satisfaction in orchiopexy, and it has been shown to be an appropriate option for the lower abdominal surgery in pediatric patients.

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SPINAL ANESTHESIA VERSUS GENERAL ANESTHESIA IN NEONATES UNDERGOING INFRAUMBILICAL SURGERIES REGARDING HEMODYNAMICS AND COMPLICATIONS

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Background and Aims Neonatal anesthesia needs understanding of the rapidly changing physiology of the neonates, the pathology of the coexisting diseases, and the pharmacology of the medications used. The multisystem immaturity of this age generates developmental differences in the drug handling and response compared to older children^(1,2). Regional anesthesia in pediatrics may be beneficial⁽³⁾ to avoid airway manipulation and respiratory depression. It also improves intraoperative pain management or decreases the potential neurotoxic effects of intravenous or inhaled general anesthetics⁽⁴⁾. So, this study

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Reference: Research 36368

Thesis Title: A Comparison between Spinal Anesthesia and General Anesthesia in Neonates Undergoing Infraumbilical Surgeries.

Dear Dr,

Thank you for your letter in (30/4/2019) to ask for the ethical clearance previously given for the above mentioned thesis.

We are pleased to confirm that the above mentioned thesis was for the partial fulfillment of Master degree in Anesthesia and Intensive Care for Mahmood Hosny Ahmed Ali Ahmed, under the supervision of Prof. Ezzat Mohamed El-Taher, Dr. Medhat Lamei Shaker & Dr. Shima Ahmed Hamed Al-touny.

The proposal of the above mentioned thesis was reviewed by the full board Committee at its meeting on (31/1/2019) and the ethical clearance was given for that proposal.

Yours sincerely,

Prof. Amr Waheed

Chair of Research Ethics Committee
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13/5/2019

لجنة الأخلاقيات
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