plane between internal intercostal muscle and TTM, lateral to ITA.

**Results** TTPB can be performed at the 3rd or 4th ICS, using a transverse or sagittal approach. A sagittal approach at the 4th ICS is recommended due to the wider LA spread. We may encounter several challenges during TTPB performance: ITA location is in the same plane as the target of TTPB, ITA varies in size, identification of ITA is not always easy, and ITA might mimic TTM (figure 2), which prone to accidental puncture.

**Conclusions** We have developed a sequence of steps that may guide anesthesiologists to perform the safe and effective TTPB, particularly when the block is performed before the incision in CABG.

**Abstract 138**

**COMPARISON OF ANTERIOR, POSTERIOR AND LATERAL APPROACHES OF ULTRASOUND GUIDED QUADRATUS LUMBORUM BLOCK IN PEDIATRIC PATIENTS UNDERGOING LOWER ABDOMINAL SURGERY: A PROSPECTIVE RANDOMIZED CONTROL TRIAL**

AS K*, A Kumar, B Kumar, C Sinha, A Kumar, P Kumari. All India Institute of Medical Sciences, Patna, Patna, India

10.1136/rapm-2021-ESRA.138

**Background and Aims** Background: Changing concepts have made pediatric pain management providers think beyond traditional opioid management to help alleviate pediatric pain. Ultrasound-guided quadratus lumborum (QL) block is now considered as one of the novel abdominal block.

Aims: To compare the post-operative analgesic effect between the three approaches of USG guided quadratus lumborum block (QLB).

**Methods** It’s a prospective, double-blinded, randomized trial of pediatric patients. 30 were recruited and randomized into 3 groups,

- Group A, Trans-muscular/anterior QLB
- Group B, Lateral QLB
- Group C, Posterior QLB

After general anaesthesia, QLB was given with 0.2% ropivacaine, 0.5 ml/kg. Primary outcome – total fentanyl consumption in the first 24 hours of post-operative period. Pain in post-operative period was accessed using FLACC score.

**Results** All baseline demographics were comparable. Total fentanyl consumption in the first 24 hours of post-operative period.
period was statistically insignificant. But FLACC score at 30min in post-operative period was significant for Group C (mean – 5.2 ± 1.6, p – 0.035) in comparison to Group A (7.2 ± 1.9) and Group B (6.3 ± 1.2). FLACC score for 24 hours, remained less for Group C, it was statistically insignificant but could be clinically significant.

Even parental satisfaction score was statistically significant for Group C (p = 0.016).

Conclusions No dose of rescue analgesia was required in Group C (Group A – 2/10, Group B – 1/10). It was statistically insignificant but could be clinically significant. Hence USG guided posterior QLB has much better post-operative analgesic effect, without any complications.

IEC clearance was obtained with a letter reference number: AIIMS/Par/IEC/PGTh/Jan19/15.

Conclusions We found a discrepancy between perceived and actual documentation. Computerised systems improve this but are reliant on programming, demonstrated as only one percent of notes documented complications because no text field prompted this. Clear guidelines are required so that documentation of PNBs can be standardised.