

Conclusions Bilateral posterior quadratus lumborum block did not reduce the cumulative opioid consumption during the first 24 h after laparoscopic hepatectomy.

ethics committee approval

EP114 HORNER'S SYNDROME: A RARE COMPLICATION IN A COMMON TECHNIQUE

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Background and Aims Horner's syndrome is characterized by miosis, partial ptosis, anhidrosis and apparent enophthalmos. After epidural analgesia, it is the result of the stellar ganglion blockade, suggesting a high level (C8–T4) of anaesthetic effects.

Methods We report a full-term parturient submitted to labor analgesia under epidural technique. We administered ropivacaine and sufentanil, which produced a relatively symmetric sensitive block at T6/T7. Fifteen minutes later we noticed the patient developed Horner syndrome. Upon detection of the symptoms, a dilemma arose on whether to keep the catheter, which was resolved through discussions with the patient. Together we decided to keep it in place for the following boluses. Two additional fractioned boluses were administered. The patient maintained an adequate sensitive block at T6/T7, had no additional neurological findings and kept hemodynamic stability throughout the entire period. The condition was reversed completely three hours later with no additional interventions.

Results Horner's syndrome is associated with epidural anesthesia and pregnancy: due to reduced epidural volume from uterine pressure and increased local anesthetic sensitivity. Symptoms tend to be mild, but cardiorespiratory arrest is a possible complication due to high sympathetic block and close vigilance should occur. In this case, the decision to administer further boluses was based on the cardiorespiratory stability, the relatively mild presentation and the patient's understanding of the situation.

Conclusions This case highlights the importance of careful technique and vigilant monitoring during epidural analgesia, as well as the necessity of considering patient comfort and autonomy in the decision-making process.

ePoster session 4 – Station 2

EP115 TRENDS IN EXPAREL USE FOR TOTAL HIP AND KNEE ARTHROPLASTY

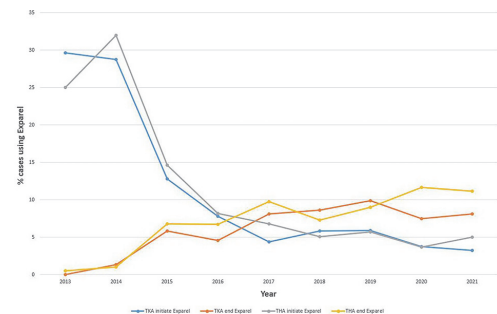
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Background and Aims Exparel™, a liposomal bupivacaine formulation, is a long-acting local anesthetic that can provide pain relief after total hip or knee arthroplasty (THA/TKA) when used for local wound infiltration or peripheral nerve blocks. At the same time, Exparel is a relatively expensive medication, and its use can increase healthcare costs. As population-level trend data remain rare, we aimed to investigate nationwide trends of Exparel use in the United States for THA/TKA.

Methods This study was approved by the institutional review board of the Hospital for Special Surgery (IRB#2012-050). We identified patients from the Premier Healthcare database who underwent elective THA/TKA using a standard set of International Classification of Diseases -ninth/tenth revision codes from 2012 to 2021. We examined the use of Exparel over time at both the patient and hospital levels.

Results Among 103,165 cases, Exparel use increased from 2012 to 2015 (0.36% to 22.8%), and decreased afterward (15.7% in 2021) (table 1). At the hospital level, 599 hospitals (59.7%) ever used Exparel during the study period. In 2013, 30% of hospitals started to initiate Exparel use, and the rate has been decreasing over time (compared to 3.1% hospital initiated Exparel use in 2021). In 2014, hospitals started to terminate Exparel (1.1%); this termination rate increased and peaked in 2019 (9.5%). (figure 1)



Abstract EP115 Figure 1 Exparel use trends on hospital level

Abstract EP115 Table 1 Exparel use trends on patient level

Table 1. Exparel use on patient level

	Year									
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Total TJA cases	234,391	254,539	277,812	294,094	315,519	330,696	294,479	280,823	155,849	103,165
Cases using Exparel	845	15,235	57,145	66,997	68,195	67,000	54,003	49,013	26,651	16,169
% of cases using Exparel	0.36%	5.99%	20.57%	22.78%	21.61%	20.26%	18.34%	17.45%	17.1%	15.67%

Conclusions The use of Exparel peaked around the year 2014-2015 and has been decreasing afterward. The reason for hospitals stopping Exparel use may be related to recent evidence for its modest efficacy and should be studied further.

Stundner_NoticeOfIRBApproval

EP116 EFFECT OF REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION ON PAIN AND QUALITY OF LIFE IN POST-MASTECTOMY PAIN SYNDROME: A PROSPECTIVE RCT

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