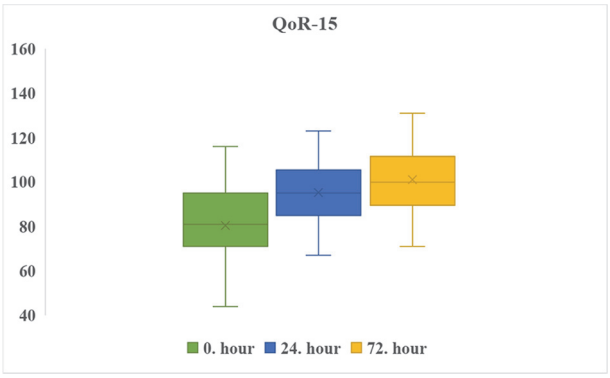
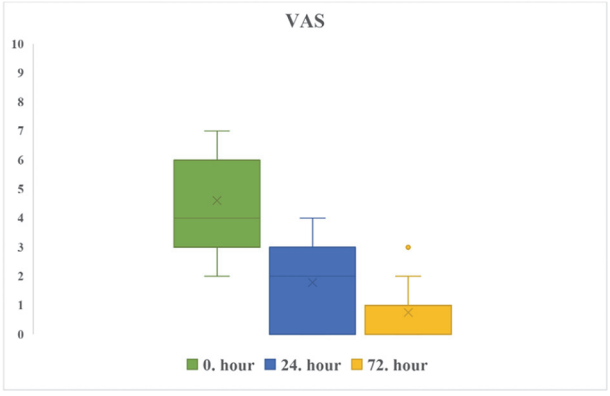


Abstract OP018 Figure 1 Change of QoR-15 (quality of healthing-15) scores over time



Abstract OP018 Figure 2 Change of VAS (visual analog scala) scores over time

Conclusions In this study, a significant improvement was achieved in QoR-15 and VAS scores as a result of catheter insertion. Considering that post-traumatic injuries require repetitive operations and pain worsens the existing psychological state, it can be stated that catheterization is beneficial.

Central nerve blocks – Free papers 1

OP019 A PILOT DOSE-FINDING STUDY TO COUNTER BLOOD PRESSURE REDUCTION DURING EPIDURAL ANALGESIA BY ADDING EPINEPHRINE TO THE EPIDURAL INFUSION

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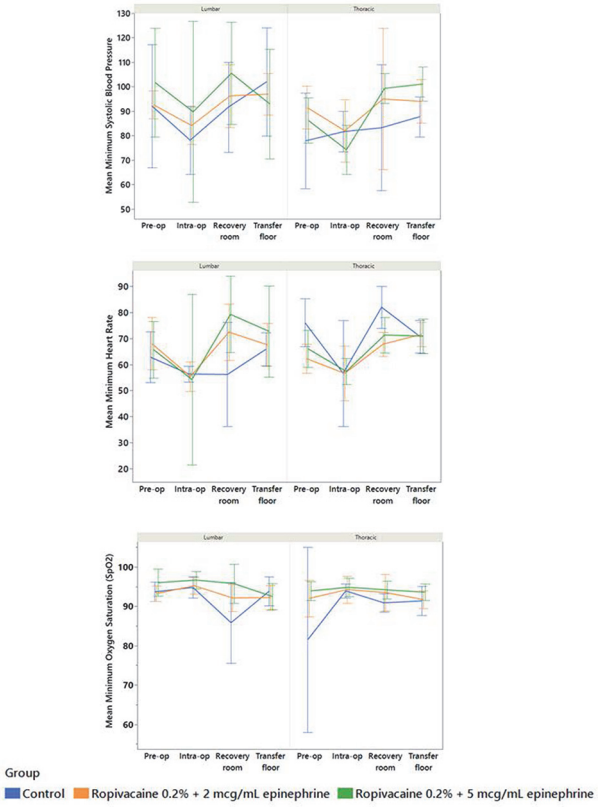
Background and Aims Epidural analgesia is widely used for perioperative pain management(1,2). An unwanted side effect is the reduction in blood pressure due to the sympathetic blockade. The aim of this study was to evaluate the hemodynamic effect(s) of adding different concentrations of epinephrine to the local anesthetic solution to potentially counteract the sympathectomy(3).

Methods This pilot study was conducted with approval from the Institutional Review Board of University of Florida and informed consent was obtained from all patients. Sixty-six patients were enrolled in a randomized controlled, quadruple-blinded pilot study into three groups (Epidural ropivacaine 0.2% (control), the same local anesthetic agent with either 2 mcg/mL or 5 mcg/mL epinephrine). The study's primary measurements included mean systolic, diastolic and arterial pressure, arterial blood oxygen saturation, heart rate, respiratory rate, and pain score.

Results A total of 47 patients completed the study (table 1). Fifteen patients were in the control group, 16 patients received 0.2% ropivacaine + 2 mcg/mL epinephrine, and 16 patients received 0.2% ropivacaine + 5 mcg/mL epinephrine. We found significant differences in SBP (p = 0.015) and HR (p = 0.036) for patients who received thoracic epidural blocks (n=26) (figure 1). The control group had much lower SBP compared to the +5mcg/mL epinephrine group; and the +2 mcg/mL epinephrine.

Abstract OP019 Table 1 Demographics and clinical characteristics of the patient sample, stratified by group

	Control (n=15)	Ropivacaine (0.2%) + 2 mcg/mL epinephrine (n=16)	Ropivacaine (0.2%) + 5 mcg/mL epinephrine (n=16)
Age, mean years	59.5 + 14.2	52.8 + 16.8	57.3 + 14.5
Gender, % women (n)	57.1% (8)	43.8% (7)	43.8% (7)
Type of surgery, % (n)			
Abdominal	60% (9)	43.7% (7)	75% (12)
Orthopedic	40% (6)	56.3% (9)	25% (4)
Type of block, % (n)			
Lumbar	40% (6)	56.3% (9)	25% (4)
Thoracic	60% (9)	43.7% (7)	75% (12)



Abstract OP019 Figure 1 Lumbar Vs thoracic epidural

Conclusions Adding epinephrine to the epidural local anesthetic agent appeared to prevent the development of low blood pressure in patients who received thoracic blocks. We look forward to expanding our study to increase our sample size and perform primary comparisons stratified by block type.

OP020 EFFICACY OF 20% INTRAVENOUS LIPID EMULSION AS A REVERSAL AGENT OF SPINAL ANAESTHESIA: A DOUBLE BLINDED RANDOMIZED CONTROLLED TRIAL

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Background and Aims A 20% intravenous lipid emulsion (ILE) entraps the lipophilic local anaesthetics and has been useful in managing its systemic toxicity. We hypothesize that ILE can reverse the effects of spinal anaesthesia with the same mechanism.

Methods This was a randomized double-blinded controlled trial, sixty patients, aged >18 years were recruited; the ILE group (n = 29) received ILE (1.5 ml/kg bolus followed by 0.25 ml/kg/hr infusion over 30 minutes), and the control group (n = 31), an equal volume of normal saline at the end of surgery. The outcomes measured were: time for 1 and 2-segment sensory regression and time for complete motor and sensory regression from the time of administering study drugs.

Results The demographic profile of patients were comparable in both groups. One segment sensory regression (21.72 ± 2.33 min versus 29.03 ± 2.56 min, p-value <0.001) and 2 segments sensory regression (43.45 ± 4.65 min versus 58.1± 5.11 min, p-value <0.001) were significantly faster in patients who received ILE. Complete sensory recovery (200.69 ± 19.81 min versus 237.1 ± 17.93 min, p-value <0.001) and motor recovery (157.76 ± 13.1 min versus 193.55 ± 23.03 min, p-value <0.001) were significantly faster in the ILE group from the end of surgical procedure.

Conclusions A 20% ILE significantly reversed the spinal anaesthesia in terms of faster sensory and motor recovery as compared to the control group. Our results encourage the use of ILE in situations like high or total spinal anaesthesia; however, more studies with larger sample sizes are recommended.

OP021 COMPARISION OF ANALGESIC EFFICACY OF ULTRASOUND GUIDED SACRAL ERECTOR SPINAE PLANE BLOCK WITH CAUDAL EPIDURAL BLOCK IN CHILDREN UNDERGOING LOWER ABDOMINAL AND LOWER LIMB SURGERY UNDER GENERAL ANAESTHESIA: AN EXPLORATORY RANDOMIZED CONTROL TRIAL

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10.1136/rapm-2023-ESRA.21

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Background and Aims To study the analgesic efficacy of sacral erector spinae plane (ESP) block as compared to caudal epidural in children undergoing lower limb and lower abdominal surgery under general anaesthesia (GA). Though caudal epidural provides excellent pain relief, it has certain limitations. Sacral ESP block is a recently described regional anaesthesia technique where a local anaesthetic (LA) agent is deposited above the sacral bone and below the erector spinae muscle.

Methods The study was an exploratory randomized controlled trial. A total of 50 children aged 1–9 years received either ultrasound-guided caudal or sacral ESP block after induction of GA. The outcomes measured were the duration of analgesia, pain scores (FLAC-Revised scale), total rescue analgesia required in 24 hrs.

Results A total of fifty children were included, 25 in each group. The demographic profile of children, type of surgery, duration of surgery, and anaesthesia were comparable. Time to the first requirement of analgesia (mean ± SD), were comparable in both the groups (873.6 ± 516.74 mins vs 828 ± 583.78 mins). The total duration of analgesia was also comparable in both the groups (965.8±473.70 min in Sacral ESP vs 1003.8 ±562.92 min in the caudal group, P value 0.789).