#36410 OPIOID-FREE ANAESTHESIA: THE VALUE OF PERIPHERAL AND CENTRAL BLOCKS IN SUBUMBILICAL AND UROGENITAL SURGERY IN CHILDREN

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Background and Aims The aim of anaesthesia is patient and surgeon comfort, avoiding intraoperative memory and pain. OFA is a multimodal anaesthesia technique that provides adequate analgesia while avoiding the side effects of morphine. .In this context, a study was carried out using an OFA protocol in sub- umbilical and urogenital surgery in children using loco-regional anaesthesia as an alternative to morphine.

Methods Prospective study conducted in the pediatric surgery. This study included children proposed for a surgical procedure scheduled under general anesthesia. Perioperative analgesia by performing peripheral blocks and central blocks according to the type of surgery.

Results 82 children were included in the study, 90% of them were male, 42.5% of the children had a weight between 11kg and 15kg. 95% were classified as ASAI. The most common surgery was inguinal hernia in 17.5% followed by testicular ectopy. More than 2/3 of the children underwent outpatient procedures. Intravenous induction was done with propofol in 97.5% of cases at 3-5mg/kg. Laryngeal mask insertion was the upper airway management technique in 57.5%. Pudendal block was the most used technique in 27.5%. Maintenance was done for all children with 2-3% Sevoflurane. 82.5% of the children did not show a change in heart rate or major haemodynamic changes. Only 20% required anticipatory analgesia with Paracetamol. 42.5% of children had mild discomfort in the immediate postoperative period. No child presented with a complication of loco- regional anaesthesia.

Conclusions OFA in paediatric anesthesia allowing adequate analgesia while avoiding the side effects of opioids; respiratory distress which is increased in children, ileus postoperatively.

#36121 COMBINED REGIONAL ANAESTHESIA APPROACHES FOR POSTOPERATIVE ANALGESIA IN A CHILD UNDERGOING COMPLETE TOTAL SCAPULECTOMY FOR EWING'S SARCOMA

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Background and Aims Ewing's sarcoma (ES) is a high-grade malignant bone tumor, peaking at the teenage years, predominantly in long bones. It is rarely located in the scapula, with 9 of the 15 cases published in the literature occurring in children. We describe here the analgesic plan and outcome for a case of total scapulectomy in a six-year-old female (after completion of the standard ES radio- and chemotherapy protocol), combining elements of regional anaesthesia as part of multi modal analgesia. Analgesic options for this operation are anatomically challenging and their outcomes have been sparingly described in the literature, mostly in adults.

Methods Intraoperatively we chose a combined neuraxial (T3/4 thoracic epidural) and peripheral (posterior tunneled interscalene) continuous catheter approach, as well as multiple opioid sparing techniques (ketamine and dexmedetomidine infusions). A superficial cervical block would not have added a major analgesic benefit to the catheters. The interscalene catheter became displaced during transport to the intensive care unit. We continued epidural treatment for 6 days, with parent-controlled boluses, supplemented with a continuous infusion of morphine, scheduled paracetamol, ketorolac and metamizole combined with gabapentin.

Results Satisfactory intraoperative analgesia was achieved with the combination of catheters using a single bolus of fentanyl at induction. The epidural boluses were reported effective by the patient and parents for breakthrough pain.

Abstract #36121 Figure 1 Surgical approach (preoperative view)