Results:

Group A received general anaesthesia(GA) with systemic analgesia and group B received GA followed by SCPB with injection bupivacaine 0.25% 10ml on each side according to site of surgery. Visual analogue scale(VAS) scores, intra and postoperative analgesic requirement in 24 hours, time of first rescue analgesic demand and peri-operative complications were noted. All quantitative data were analysed by student-t test and qualitative data was analysed by chi-square test.

Results: Time of first rescue analgesia was earlier and intraoperative fentanyl requirement and postoperative total rescue analgesic requirement were higher in group A (32.33+_38.39, 38.33+_12.61, 2566.667 + _504.006) than group B(1092+_396.55 minutes, 10.66+_13.11, 833.33+_874.28) with p value <0.001 (table 1,2). No significant complication was noted in any patient.

Conclusion: SCPB provides better perioperative analgesia and decreases intraoperative as well as postoperative analgesic requirements and associated side effects with no significant perioperative complications in various head and neck surgeries.

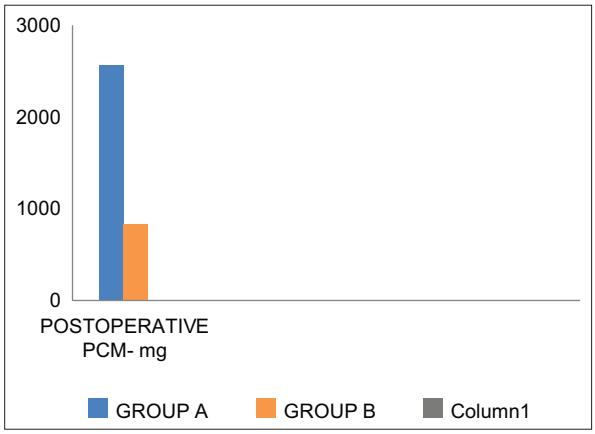

Figure 1: Postoperative requirement of paracetamol(PCM)

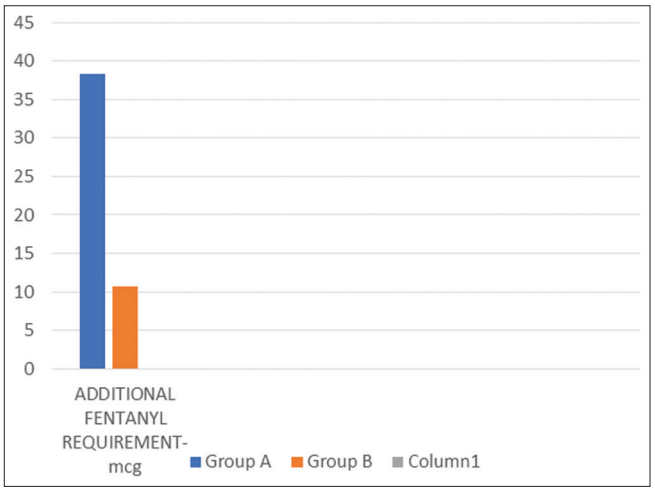

Figure 2 – Intraoperative analgesic requirement in the two groups

ABSTRACT NO.: ABS1074

EVALUATION OF EFFICACY OF SUPERFICIAL CERVICAL PLEXUS BLOCK FOR SURGERIES IN HEAD AND NECK REGION: A COMPARATIVE RANDOMISED CONTROL STUDY

Himani Patel
Government medical College, Vadodara

Background and Aims: Superficial cervical plexus block can provide analgesia in head and neck surgeries. This study aimed to evaluate analgesic efficacy of superficial cervical plexus block (SCPB) in various head and neck surgeries, with the primary objectives of assessing time to first rescue analgesic, total dose of rescue analgesics in 24 hours, intraoperative analgesic requirement and associated perioperative complications.

Methods: Sixty patients of American Society of Anesthesiologists physical class II,III (30 patients in each group) were included.

Keywords: Cervical plexus block, head and neck, postoperative pain, analgesia

References:

1. Andrieu G, Amrouni H, Robin E, Carnaille B, Wattier JM, Pattou F, Vallet B, Lebuffe G. Analgesic efficacy of bilateral superficial cervical plexus block administered before thyroid surgery under general anaesthesia. Br J Anaesth. 2007 ;99:561-6.
2. Hakim TA, Shah AA, Teli Z, Farooq S, Kosar S, Younis M. The Safety and Effectiveness of Superficial Cervical Plexus Block in Oral and Maxillofacial Surgery as an Alternative to General Anesthesia in Selective Cases: A Clinical Study. J Maxillofac Oral Surg. 2019 ;18:23-29.