

ABSTRACT NO. : ABS0107

Ultrasound guided lower thoracic erector spinae plane block for postoperative analgesia following gynaecologic oncology surgery - A randomised controlled trial

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Background and Aims: Erector spinae plane (ESP) block is a relatively novel block which provides local and visceral

Table 1: Comparison of variables in different routes of ketamine administration

Variable	Group intravenous-ketamine	Group nebulised-ketamine	P
Age mean (years)	7.56±1.27	7.41±1.14	>0.05
Weight mean (kg)	25.34±4.71	25.09±2.97	>0.05
Parental Separation scores (median)	1	1	>0.05
Sedation (median)			
5-point sedation score	2	2	>0.05
Verbal rating scale pain score (median)			
Immediate	0	0	>0.05
1 h- post-operatively	2	1	0.04
Time for 1st rescue analgesic (min)	237.19±34.38 min	300±26.396 min	P<0.001

analgesia for abdominal surgery. The present study is aimed to assess the efficacy of ESP block for postoperative analgesia following major open gynaecologic oncology surgery.

Methods: Sixty female patients posted for elective open gynaecologic oncology surgeries were enrolled in this prospective, double blind study and randomised to B and C group. Group B patients received general anaesthesia plus ultrasound guided bilateral ESP block at T9 level at the end of surgery while group C patients received general anaesthesia only. Primary outcome was postoperative visual analogue scale (VAS) scores. Secondary outcomes were time to first rescue analgesic, 24 hours tramadol consumption, and side effects. Chi square and student t tests were used and $P < 0.05$ was considered significant.

Results: Postoperative pain scores were lower in B group compared to C group at rest and on movement. Time to first rescue analgesic was prolonged in B group (8.10 ± 1.48 hours) as compared to C group (0.7 ± 0.38 hours) [$P < 0.0001$]. Total 24 hours tramadol consumption was less in B group (68 ± 48.55 mg) than C group (210 ± 52.65 mg) (table 1) [$P < 0.0001$].

Conclusion: Ultrasound guided ESP block with general anaesthesia provides superior postoperative analgesia compared to general anaesthesia alone following major gynaecologic oncology surgeries without any side effects. It can be used as an alternative to epidural analgesia.

Keywords: Gynaecologic surgery, myofascial, nerve block, postoperative pain, analgesia

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