INTRATHECAL MORPHINE AND ABDOMINAL WALL BLOCKS REDUCE ANALGESIC CONSUMPTION AND POSTOPERATIVE NAUSEA AND VOMITING (PONV) IN ROBOTIC-ASSISTED LAPAROSCOPIC PROSTATECTOMY (RALP)

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Background and aims: RALP is an increasingly emerging surgical approach for treating prostatic cancer. Patients treated with US-TAP block (TAPb) and rectus sheath blocks showed reduction in perioperative opioids administration and postoperative pain⁽¹⁾. Moreover analgesic effects of intrathecal morphine (IM) was described as its capacity in decreasing detrusor contractility and minctional urgency⁽²⁾. Aim of this study was evaluate intra- and post-operative analgesic efficacy of IM administration coupled to TAPb in RALP.

Methods: 55 ASA I–III patients were enrolled; all patients were under general anesthesia with US-TAPb (group A, 25 patients) and 30 patients received IM and TAPb and rectus sheath blocks (group B). Levobupivacaine 7,5mg and Sulphate Morphine 100mcg in 3ml of hydrosaline 0.9%, were used for subarachnoidal injections. All patients received postoperative multimodal analgesia with Paracetamol 3g/die iv. Ketoprofen and Tramadol were used as rescue drugs.

Results: No complications were recorded. Intra- and post-operative drugs consumptions are shown in Tab 1.

Results: her vital signs were stable during surgery. The patient experienced very good analgesia and described NRS pain score 0-2 up to 18 hours after ESPb. After 18 hours and only once in the next 12 hours, the patient requested “on demand” pain medication (Paracetamol 1 gr). The patient experienced no nausea or vomiting, and she was easily mobilized.

Conclusions: In our experience, a single IM injection at low dose coupled Levobupivacaine combined with and rectus sheath blocks abdominal wall blocks is safe, well tolerated, provide intraoperative lower opioid requirements, ensure postoperative analgesia and reduce postoperative nausea and vomiting.

REFERENCES:

- 1) Ultrasound-guided transversus abdominis plane block (US- TAPb) for robot-assisted radical prostatectomy: a novel ‘4-point’ technique results of a prospective, randomized study. Dal Moro F et al. Journal of Robotic Surgery <https://doi.org/10.1007/s11701-018-0858-6>
- 2) Intrathecal morphine for postoperative pain control following robot-assisted prostatectomy: a prospective randomized trial. Junyeol Bae et al J Anesth 2017;31:565–571

Tab 1

	Group A	Group B
Fentanyl mcg	470±20	193±5
Paracetamol gr/die	3	3
Ketoprofene mg	300/25patients	100/16patients
Tramadol mg/die	200	0
Ondansetron mg	8	0