ERECTOR SPINE PLANE BLOCK FOR LAPAROSCOPIC GYNECOLOGIC ONCOLOGIC SURGERY: A CASE SERIES OF 10 PATIENTS

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Background and Aims:

Laparoscopic hysterectomy (LH) is associated with significant postoperative pain which leads to worse outcomes and prolonged hospital stay¹. The ultrasound-guided erector spinae block (ESB) is a new technique for thoracic analgesia². Few cases have been described for postoperative analgesia in laparoscopy³. We describe the successful use of preoperative bilateral ESPB at level T10 to provide postoperative analgesia following LH.

Methods:

We performed ultrasound guided bilateral ESB at T10 level in 10 patients scheduled for LH. Everyone expressed written informed consent. Procedures were performed in sitting position, with a linear probe (Sonosite Fujifilm Sonosite Europe, Amsterdam, Netherlands) administering 20 ml of Ropivacaine. We used pinprick to test sensitive block. General anaesthesia was with propofol and sufentanil for induction Sevoflurane 2% for maintenance and rocuronium for miorelaxation. All surgeries used a 12-mm umbilical trocar and 3 accessory 5-mm trocars. Postoperative analgesia was by patient control analgesia (PCA) with morphine 1 mg/ml. We measured postoperative pain by visual analogue scale (VAS).

Results

6 patients (60%) had LH and salpingo-oophorectomy. For intraoperative sufentanil administration and surgery time see Table1. Pinprick test was positive bilaterally T4-T10 in 3 patients (30%). Median values of VAS score were 0.5 (IQ range 0-2.75) at arousal, 3.5 (IQ range 1.75-4) after 6h, 2 (IQ range 2-3) after 12h, 2.5 (IQ range 1.5-3.25) at 24h. Morphine consumption was 2.5 mg (IQ range 0.75-4.25) at 6h, 1 mg (IQ range 0-2.25) after 12h, 0 mg (IQ range 0-2.25) after 24h.

Conclusions:

ESB was an effective and safe procedure for postoperative pain control in laparoscopy.

#	Surgery (mins)	IO sufentanil (mcg)	VAS 1	Morphine 1	VAS 2	Morphine 2	VAS 3	Morphine 3	VAS 4	Morphine 4
1	55	30	5	0	4	2	2	2	2	2
2	80	35	2	0	4	2	3	0	2	0
3	120	40	0	0	2	7	2	0	0	0
4	240	50	5	0	4	4	5	2	5	2
5	90	30	0	0	4	6	2	5	4	0
6	140	30	1	0	2	1	2	0	2	0
7	120	30	2	0	3	3	2	3	3	3
8	140	30	0	0	0	0	3	1	0	0
9	125	30	0	0	1	0	1	1	3	0
10	200	40	0	0	4	4	3	0	3	0

Table 1: duration of surgery and IntraOperative sufentanil related with VAS scores and morphine consumption at 4 timepoints: 1. arousal, 2. 6h, 3. 12h, 4 24 h.

Figure 1: Graphics summarizing PostOperative (PO) Morphine consumption by Patient Controlled Analgesia and total morphine consumption (A) and Visual Analogue Scale (VAS) (B).