PERIOPERATIVE NEPHRECTOMY MANAGEMENT: INTRADURAL MORPHINE VERSUS SERRATUS INTERCOSTAL BLOCK

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BACKGROUND AND AIMS

The frequency and intensity of postoperative pain in nephrectomy are high. Despite the evidence-based recommendations management for postoperative pain management, the treatment remains suboptimal. In this study, we compare the safety and efficacy in laparoscopic nephrectomy analgesia between intradural morphine versus serratus intercostal block (SIPB), both of them associated with general anesthesia.

Descriptive and prospective study was conducted in six patients, who were scheduled for elective laparoscopic nephrectomy. All patients signed informed consent to entry in the study.

The patients were randomly allocated to receive either general anesthesia and intradural morphine (0,2 mg) or general anesthesia and SIPB at 8th intercostal level, with 8 ml bupivacaine 0,25%.

Anesthesia in both groups was induced with IV 2 mg/kg propofol, 2 µg/kg fentanyl and muscle relaxation with IV 0.6 mg/kg rocuronium. Maintenance anesthesia was established with 2% sevoflurane. Depth of anesthesia was monitored by Sedline, the value of PSI was maintained between 30 and 40. At the end of the operation, sugammadex (2 mg/kg) iv were applied for the antagonism of the muscle relaxant.

AGE	GENDER	KIDNEY	TECHNIQUE	OPERATIVE TIME	VAS (static/dynamic)	COMPLICATIONS
76	Male	Right	General and intradural	180´	3/4	-
56	Male	Right	General and intradural	150´	2/4	Bleeding
74	Male	Left	General and intradural	210´	2/5	-
40	Male	Left	General and SIPB	180´	0/2	-
65	Male	Right	General and SIPB	200´	0/0	Vomiting
60	Male	Right	General and SIPB	185´	0/0	Pruritus

RESULTS

All patients reported well-controlled pain at 24 hours postoperatively.

CONCLUSIONS

We found similar results in post-operative analgesia ($p < 0.05$ significance) with the two both techniques. SIPB in laparoscopy nephrectomy surgery should be considered.