Patient reported outcomes after emergency laparotomy comparing continuous rectus sheath block and thoracic epidural.

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Introduction

Analgesia after emergency laparotomy is challenging with Thoracic Epidural Analgesia (TEA) providing the gold standard. However, epidurals are contraindicated in coagulopathy and sepsis. Continuous Rectus sheath Block (CRB) is a low risk opioid sparing regional technique, that may provide equivalent analgesia to TEA when used as part of a multimodal regime. The use of CRB has been increasing within our organisation and we wanted to examine patient reported outcomes comparing epidural and continuous rectus sheath block analgesia.

Method

A prospective observational study from January to March 2017 of adult patients undergoing emergency laparotomy for any cause admitted to HDU or a surgical ward post operatively in a single centre. Analgesic regime was at the discretion of the anaesthetist. On the fourth post operative day the patient completed a questionnaire asking how "bothersome" wound pain, deep breathing/coughing, sleep, mobilisation and nausea and vomiting had been on a five point scale (not at all, slightly, moderately, very much, extremely). Permission was obtained from the Caldicott Guardian.

Results

Twenty eight patients were followed up, mean age 68 (32 – 97). 9 received TEA (32%), mean duration 3.1 days; 19 CRB $\pm$ opioid PCA (68%), mean duration 2.4 days. Overall 53% female, 47% male; ASA as in figure 1.

Conclusion

Patients with continuous rectus sheath block reported a better experience when mobilising; worse experience with nausea and vomiting; and had broadly similar experiences with wound pain, sleep and deep breathing/coughing when compared with thoracic epidural analgesia.

Figure 1. Patient ASA grades

Figure 2. Patient reported bothersome scores

References

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