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**Postoperative analgesia for open midline incisions in Gynaecological Oncology Surgery : Ultrasound guided bilateral rectus sheath block with multimodal analgesia versus intrathecal morphine – A non-inferiority trial**

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**Introduction:** Rectus sheath block (RSB) is an effective modality for provision of midline somatic analgesia. The objective of this study was to evaluate whether multimodal analgesia (MMA) in combination with ultrasound guided bilateral RSB provides similar analgesia as compared to intrathecal morphine (ITM) in women undergoing gynaecological oncology surgery (GOS) with a midline incision. The primary outcome was total postoperative morphine consumption at 24 hours. The secondary outcomes included VAS scores for pain, adverse effects of opioids and patient satisfaction.

**Methods:** The study was a prospective, randomized, non-blinded, non-inferiority trial. 90 ASA physical status 1 and 2 patients aged 18-80 years scheduled for elective GOS were included. Patients were randomized to one of the following two groups. 1) Group ITM : 4 µg/kg morphine administered intrathecally preoperatively 2) Group RSB : 20 ml of 0.375% Ropivacaine injected into rectus sheath space bilaterally under ultrasound visualization preoperatively along with intravenous dexamethasone, paracetamol and diclofenac sodium. Postoperative analgesia was administered with IV morphine via a PCA pump for 24 hrs.

**Results:** PCA morphine used over 24 hours was more in group RSB than in Group ITM [ $27.20 \pm 7.74$  mg versus  $21.73 \pm 7.79$  mg ( $P=0.001$ ). Postoperative pain scores at rest and on movement were higher in group RSB at 6, 12 and 24 hours and 2,4,6,12,24 hours respectively ( $P<0.05$ ).

**Conclusion:** The present study failed to show the non-inferiority of RSB combined with multimodal analgesia in comparison to ITM in terms of post-operative pain relief in gynaecological oncology surgery.

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