

ULTRASONOGRAPHY-GUIDED BILATERAL RECTUS SHEATH BLOCK VS SPINAL ANESTHESIA WITH MORPHINE IN UMBILICAL HERNIA REPAIR. QUALITY IMPROVEMENT IN ANESTHESIA RECOVERY

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BACKGROUND AND AIMS

Regional anesthetic techniques can be used to alleviate postoperative pain in, it is still common to use opioid in spinal anesthesia as an anesthetic technique. It has been shown to improve immediate pain scores and it reduces time in the anesthesia recovery

METHODS

8 random patients were selected, subjected to umbilical hernia repair, divided into 2 groups:

- 4 used conventional technique of spinal anesthesia with morphine and the other
- 4 were subjected to ultrasonographic guidance for bilateral rectus sheath block whit spinal anesthesia whit bupivacaine 10 mg and block whit ropivacaine 0.125%

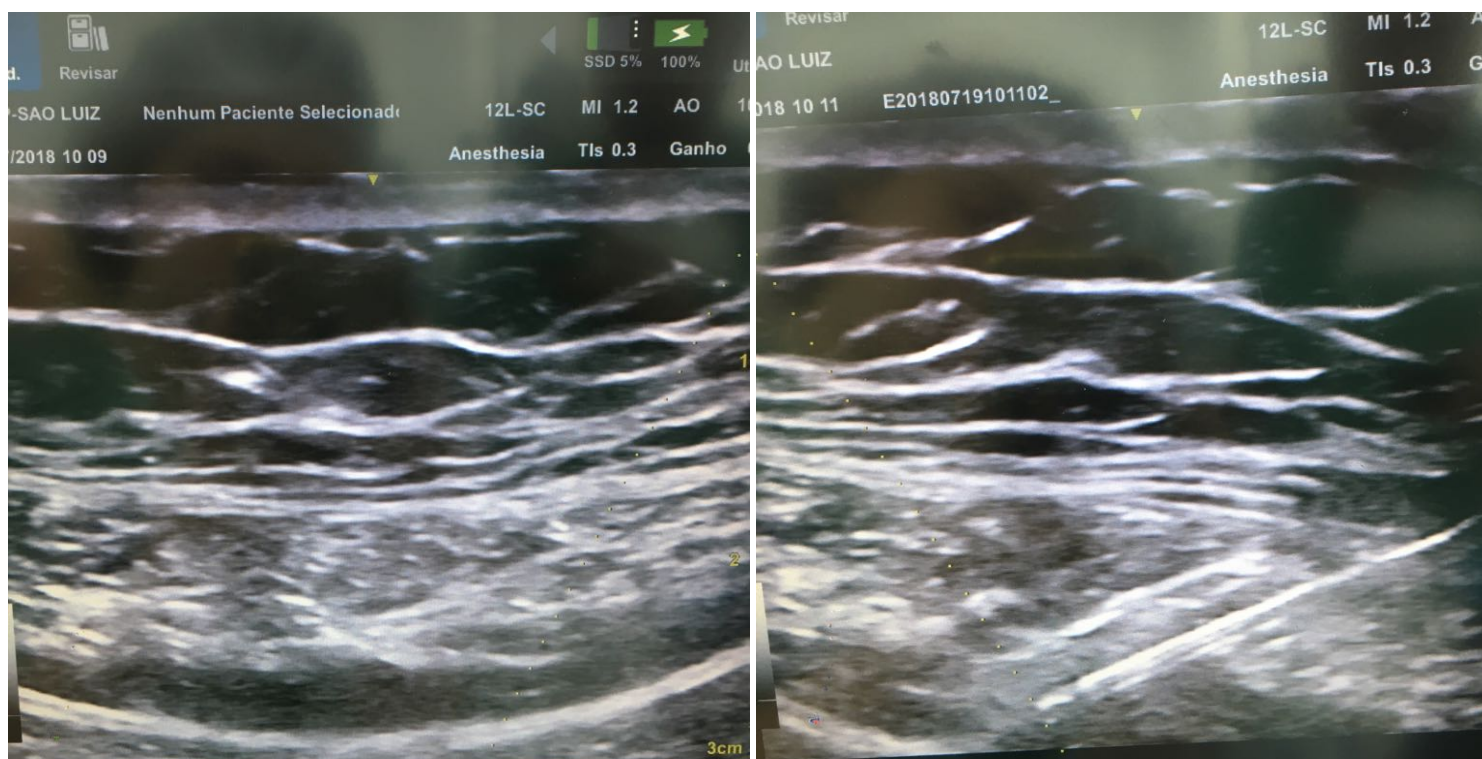
after procedure. being non-postoperative evaluation, pain in 1 hour in the anesthesia recovery room, complications and chronic pain 2 weeks after the procedure

All the patients were adults, without criteria of exclusion.

RESULTS

GROUP 1 was shown (spinal anesthesia with morphine) all patients recovered from the recovery around 1 hour 30 minutes after reaching the anesthesia recovery room, 3 of 4 patients presented pain 1 hour after the surgery, 3 of 4 patients they complained of itching as the biggest complication and 1 of the patients 2 weeks after the procedure, they were in chronic pain and using pain medications.

GROUP 2 (bilateral rectus sheath block) all the patients left the anesthesia recovery room 30 minutes after admission, no patient presented pain 1 hour after the procedure, 1 patient presented chronic pain after 2 weeks of the procedure, being necessary the use of complementary medication



REFERENCES

1. Ultrasonography-Guided Bilateral Rectus Sheath Block vs Local Anesthetic Infiltration After Pediatric Umbilical Hernia Repair A Prospective Randomized Clinical Trial, JAMA Surgery August 2013 Volume 148, Number 8

CONCLUSIONS

The block evidenced greater benefits Decreased:

- Time in anesthetic recovery
- Adverse effects
- Morbidity