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Background and Aims: Breast augmentation is among the most popular plastic surgery procedures in the United States, Subpectoral augmentation involves additional pain from muscle spasm following muscle dissection. The aim of the present study is validate the anesthetic and analgesic efficacy of the PEC II and Serratus Plane Block (SPB) in retropectoral breast augmentation surgery.

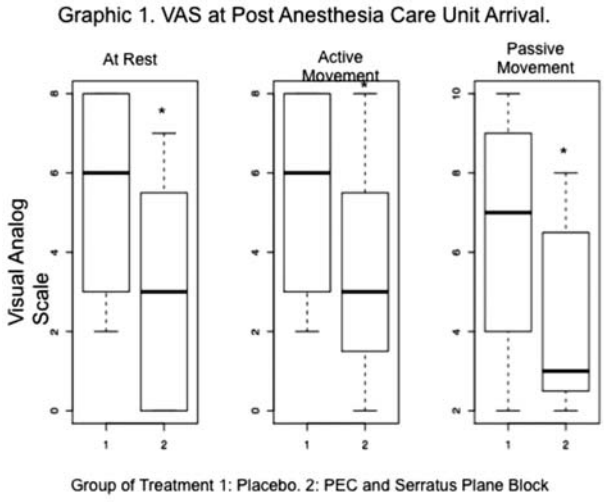

FIGURE 1.

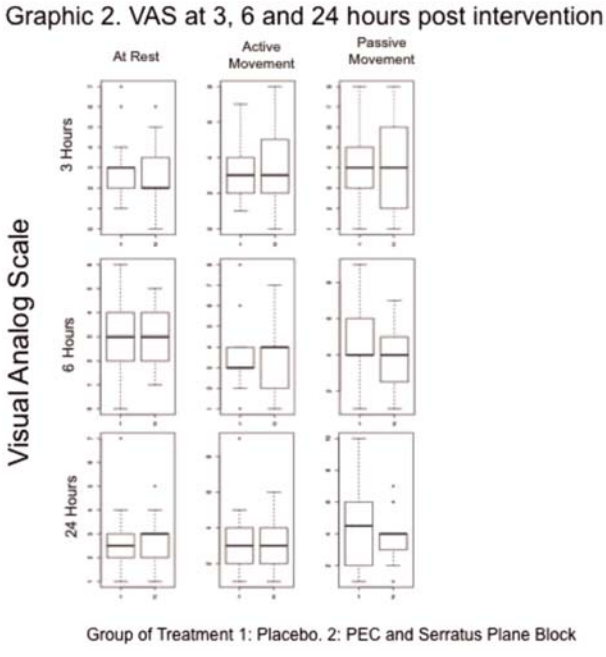

FIGURE 2.

Methods: After obtaining approval from the local Clinical Research Ethics Committee, we recruited 30 ASA physical status I and III women programed for retropectoral breast Augmentation under general anesthesia. We divides the patients in two different groups, general anesthesia and then PECII plus SPB with Bupivacaine 0,25% plus Epinephrine 5 mcg/ml or placebo. Before standard general anesthesia with LMA, we performed an echoguided periferical nerve block. The intraoperative and postoperative hemodynamics variables, consumption of opioids Visual Analog Scale to passive and active movements was recorded as well the need of endotracheal intubation. We also record the side effects of the medication and the block.

Results: All patients completed the study. Patient characteristics and surgical times were similar among groups.

Conclusions: We conclude this approach It allows us to avoid side effects of narcotic agents providing patients with a good pain control and postoperative comfort in the immediate postoperative period. Also is very safe approach, we haven't report any side effect in the patients involved in this study. We perform this blocks as protocol in our institution, and since the moment of write this paper we have made more than 400 Blocks with no side effect.

ESRA6-0122

THE ASSOCIATION OF ULTRASOUND-GUIDED ILIOINGUINAL/ILIOHYPOGASTRIC AND GENITOFEMORAL NERVE BLOCK: A NEW ANESTHETIC APPROACH FOR INGUINAL HERNIORRAPHY IN HIGH RISK PATIENT

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Background and Aims: The addition of genitofemoral nerve (GF) block may enhance ilioinguinal/iliohypogastric nerve (II/IH) block to achieve complete anesthesia and improve the quality of postoperative analgesia in inguinal herniorraphy, avoiding general and neuraxial anesthesia in high risk patient.

Methods: A 81-year-old man, ASAIII, underwent inguinal herniorraphy. In history, moderate aortic stenosis and congestive heart failure with ejection fraction of 30%. Written informed consent was obtained. Ultrasound-guided II/IH and GF nerve blocks were performed. For II/IH block, the probe was placed in oblique fashion at the line joining the umbilicus and the anterior superior iliac spine and Levobupivacaine 0,5% 20ml was injected between transverse abdominis and internal oblique muscles, adjacent to the deep circumflex iliac artery. For GF block, the probe was placed parallel 1.25 cm above the inguinal ligament and Mepivacaina 2% 10ml was injected lateral to the inferior epigastric artery. Intravenous sedation was given using propofol 3mg/kg/h. Supplemental oxygen (4L/min) was administered. Towards the end of surgery sedation was discontinued and patient was transferred to the recovery room.

Results: Patient felt no pain postoperatively and received only 1g intravenous paracetamol before he was discharged home next day.

Conclusions: In our experience, genital branch of GF nerve block had the advantages to decrease pain induced by traction of the hernia sac, enhancing the anesthesia of II/IH block in inguinal hernia surgery. This new anesthetic approach could be represent a viable alternative to general and neuraxial anesthesia, avoiding hypotension and sympathetic block in high risk patient with low cardiac output.

ESRA6-0054

THE COMPARISON OF POSTOPERATIVE ANALGESIA BETWEEN ADDUCTOR CANAL BLOCK AND FEMORAL NERVE BLOCK AFTER ARTHROSCOPIC ANTERIOR CRUCIATE LIGAMENT RECONSTRUCTION: A RANDOMIZED CONTROLLED TRIAL

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