

RETROSPECTIVE COHORT: OPIOID- FREE ANESTHESIA WITH DOUBLE EPIDURAL BLOCK BETTER CONTROLLING POSTOPERATIVE PAIN AND IMPROVING OUTCOME

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INTRODUCTION

Anesthesia for HIPEC becomes a challenge for anesthesiologist - considering the prolonged surgery time, high possibility of bleeding, hemodynamic, electrolyte and glycemic disorders, in addition to pain control - but it's feasible with advanced technique. The opioids use is often more associated with worse endpoints at general anesthesia, and the double epidural block technique has been a good way to spare this kind of drugs.

GOALS

This summary intends to compare the effects of an opioid-free anesthesia and double epidural block technique with an opioid-sparing anesthesia and an epidural block, in patients undergoing cytoreductive surgery and HIPEC. We analyzed postoperative ileus and the need for opioids in the acute postoperative management.

METHODS

Data was obtained from patients from 2015-2022 at Santa Casa de Porto Alegre-Brazil. We selected 10 patients who underwent the opioid-free anesthesia protocol plus epidural technique and 10 patients who underwent conventional anesthesia. Data was exported for the SPSS v program. 20.0 for statistical analysis. Categorical variables were associated using Fisher's exact test.

RESULTS

Of 10 patients submitted to the conventional technique, 8 present vomiting during the ICU stay, while with the free opioid technique, none presented vomiting. Of the patients submitted to free opioids, 2 needed morphine, while all patients of other group used this type of analgesic - Fisher Exact test $p=0.003$. Regarding the ileus, 8 of the patients with the conventional technique had ileus and only 1

with the free opioid technique - $p=0.005$.

CONCLUSIONS

The opioid free technique is well established as a good and safe form of postoperative analgesia. We can certainly notice better postoperative care with the epidural technique compared to conventional anesthesia - with less pain and ileus.