

Aim/objectives:

- Using:
- Opioid usage
 - Pain scores
 - Interventions
 - Patient satisfaction

To determine the effectiveness of rectus sheath blockade using the following techniques;

- **Bolus administration** of local anaesthetic 6 hourly via catheter.
- **Continuous infusion** of local anaesthetic via an infusion device.
- **Single injection** of local anaesthetic prior to closing of skin.
- The drug of choice was levobupivacaine 0.25%
- The technique is based on the blockade of thoraco-abdominal intercostal nerves (1).

Population:

Total patient numbers – 44

- Bolus = 20
- Continuous = 10
- Single = 14

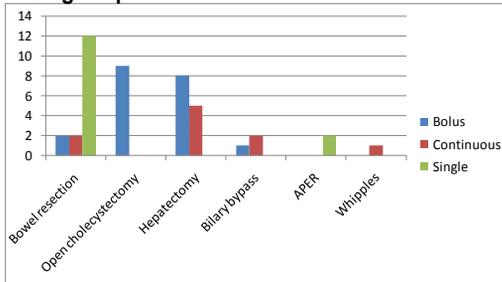
Average age: 56 years

- Age range: 21-85 years
- Male 47% Female 53%

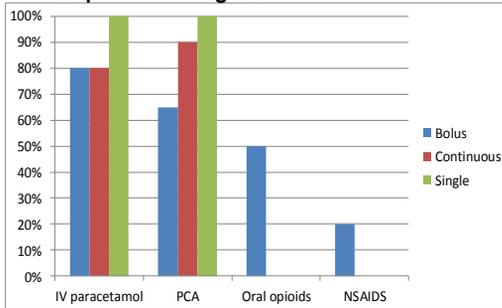
Duration of pain team involvement in care

Average 3.5 days Range: 1-5 days

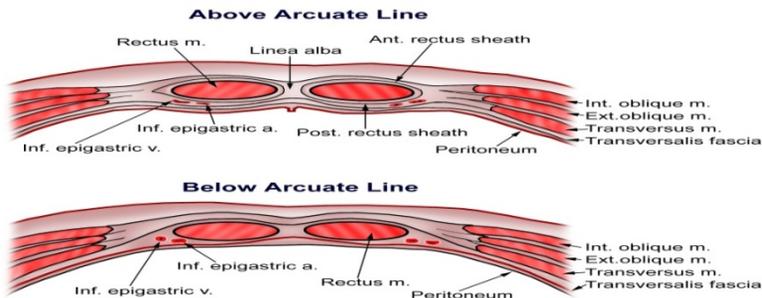
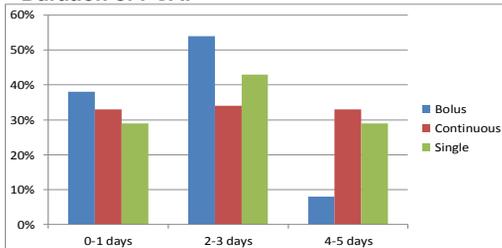
Surgical procedures:



Postoperative analgesia: 35% did not receive PCA



Duration of PCA:



Pain Scores:

100% acceptable at rest for all patient groups.

Day 1 Movement	Acceptable	Unacceptable
Bolus	65%	35%
Continuous	100%	0%
Single	79%	21%

Day 2 Movement	Acceptable	Unacceptable
Bolus	80%	20%
Continuous	90%	10%
Single	93%	7%

Bolus administration feedback:



Continuous infusion feedback:



Single injection feedback:



Ward staff feedback:

Bolus administration:

- appeared to work very well but clinical observations time consuming

Continuous infusion:

- less labour intensive and patients appear comfortable

Single injection:

- spasmodic pain night of surgery, however if they are told about this in advance then it isn't an issue

Interventions:

No interventions in the continuous infusion group

Bolus administration:

- One patient with bolus technique required ketamine in recovery to alleviate pain
- Bolus dose should be administered 6-8 hourly.
 - The time range between bolus was between 6-12 hours
 - Delay in bolus was due to anaesthetic workload and working hours of Acute Pain Control Nurse
 - Each bolus took on average 1 hour to perform.

Single injection:

- Patients complained of crampy abdominal pain which resolved following encouragement to utilise their PCA device.

Conclusions:

- 100% patients were satisfied with the technique used.
- Single injection rectus sheath offers sufficient analgesic affect in addition to oral analgesics/PCA.
- Bolus administration is labour intensive and may not be a viable technique for future practice.
- Continuous local anaesthetic infusion appears appropriate for complex surgical cases where epidural analgesia is not feasible or is contraindicated.