PO 10 - OPIOID-FREE ANESTHESIA IN URGENT MAJOR ABDOMINAL SURGERY: A CASE REPORT

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Background: Elderly patients have an increased risk of opioid-induced side effects. Thus, the choice of anesthetic technique must minimize or avoid opioid administration in these patients, reducing side effects and perioperative complications. With this case report, we intend to highlight the benefits of neuroaxial regional anesthesia as an important strategy in an opioid-free anesthetic approach in elderly patients.

Case Report: An 88-year-old woman (155cm, 62kg) with past medical history of well controlled hypertension and a recent diagnosis of colorectal cancer, was admitted with acute intestinal occlusion caused by the tumor. As such, she was scheduled for an urgent right hemicolectomy. The patient had marked sarcopenia and frailty syndrome, so an opioid-free anesthesia was planned in order to minimize the need for opioid analgesics. After monitoring, an epidural thoracic catheter was placed in the T11-T12 interspace. The catheter was correctly tested, and then epidural anesthesia was instituted with 10mL of ropivacaine 0,5%. After 10 minutes, the sensory block was verified and a T5 level block was obtained. Rapid sequence induction was performed with ketamine 40mg, propofol 30mg and rocuronium 1mg/kg. General anesthesia was maintained with sevoflurane (target BIS 40-60). Intraoperative systemic analgesia was conducted with paracetamol 1g, metamizole 2g and ketamine 20mg. An epidural “top-up” was also given about 1h30 after the first bolus, with 6mL of ropivacaine 0,5%. Hemodynamic stability was maintained during a 3-hour uneventful surgery. Sevoflurane was discontinued and neuromuscular block reversed with sugammadex. With adequate spontaneous ventilation and after return of consciousness, the patient was extubated ensuring a TOF ratio>0,9. During the postoperative period, the patient remained with well-controlled analgesia using an epidural infusion of ropivacaine 0,15% with an elastomeric infusion pump, and paracetamol and metamizole q8h. No rescue opioid was required, and the patient had no postoperative nausea or vomiting. The epidural catheter was removed 40h after surgery.

Discussion: In this frail patient submitted to an urgent major abdominal surgery, a combined opioid-free anesthesia was implemented in order to reduce opioids’ perioperative side effects. The analgesic protocol was adequate and no rescue opioids were required. Neuraxial anesthesia was fundamental in our analgesic strategy either intra- and postoperatively, allowing for an uneventful perioperative period.

References:

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