**PO12   Breaking New Grounds: Erector Spinae Block for Open Nephrectomy - A Case Report**

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**Background**: Postoperative pain management for open nephrectomy, which is associated with moderate to severe pain, typically involves the use of opioids and/or epidural analgesia. Erector spinae block (ESB) with catheter placement may be a safe and less invasive technique, that decreases opioid needs and spares renal function (1). However, the feasibility and efficacy of ESB in open nephrectomy have not been well established (2). We report one case of intermittent ESB as a multimodal analgesia option in open nephrectomy.

**Case Report**: A 74-year-old woman (66kg, 155cm), ASA II, was proposed for an open partial nephrectomy due to left renal carcinoma. Informed consent was taken for combined anesthesia, with total intravenous anesthesia with propofol infusion and an ESB. After induction, the ESB catheter was placed at T9 level and 20 mL of ropivacaine 0,375% was injected. Paracetamol and tramadol were administered during surgery and continued in the postoperative period. The patient maintained hemodynamic stability during the entire procedure. Before extubating, 10mL ropivacaine 0,2% was injected into the catheter. The patient stayed in the PACU for 3 hours, reporting merely two episodes of moderate pain, handled with an intravenous pethidine bolus. For postoperative pain control, a single-shot bolus of 20 ml of 0.2% ropivacaine was administered through the catheter every 6 hours, plus a rescue bolus of 10 ml of 0.2% ropivacaine. On the first day postoperative, the patient complained of moderate pain with movement, with a good analgesic response after the ropivacaine rescue bolus. There was no need for extra rescue opioids throughout the hospitalization. The catheter was removed after 4 days.

**Discussion**: ESB with catheter placement can be a valuable alternative for multimodal analgesia for nephrectomy, preserving renal function (2). In our case report, it was effective both in the intraoperative period, with opioid-sparing and maintenance of hemodynamic stability, and in the postoperative period, by assuring pain was controlled without the use of rescue opioids. However, the optimal regimen for ESB in this setting and the potential complications associated with catheter placement require further research and careful consideration.
**Learning points**: ESB may be an alternative in managing open nephrectomy postoperative pain and deserves further study.

**References**: 1. Korean J Anesthesiol2019; 72:1–3. doi: 10.4097/kja.d.18.00359; 2. Regional Anesthesia & Pain Medicine 2021;70:A8-A9

