

BACKGROUND

- Erector spinae plane block (ESPB) has emerged as an alternative regional anesthesia technique with potential opioid-sparing benefits.
- Limited evidence exists regarding its efficacy in robotic-assisted thoracoscopic surgery (RATS).

METHODS

- Retrospective dual-center cohort in Brazil.
- Primary outcome: need for postoperative opioid rescue in the first 36 hours of post-operative period
- Secondary outcomes: regular opioid prescription at 24h and 36h, duration of thoracic drainage, hospital LOS
- Inverse probability treatment weighting for covariate balance, and multivariate logistic regression.

RESULTS

- Weighted Analysis Findings:
 - ESPB significantly reduced opioid rescue requirements (OR = 0.37, CI 95% 0.17-0.77).
 - Chest tube presence increased opioid rescue needs (OR = 2.21, CI 95% 1.06-4.5).
 - Fentanyl administration was also associated with decreased opioid requirements (OR = 0.95, CI 95% 0.90-0.99).

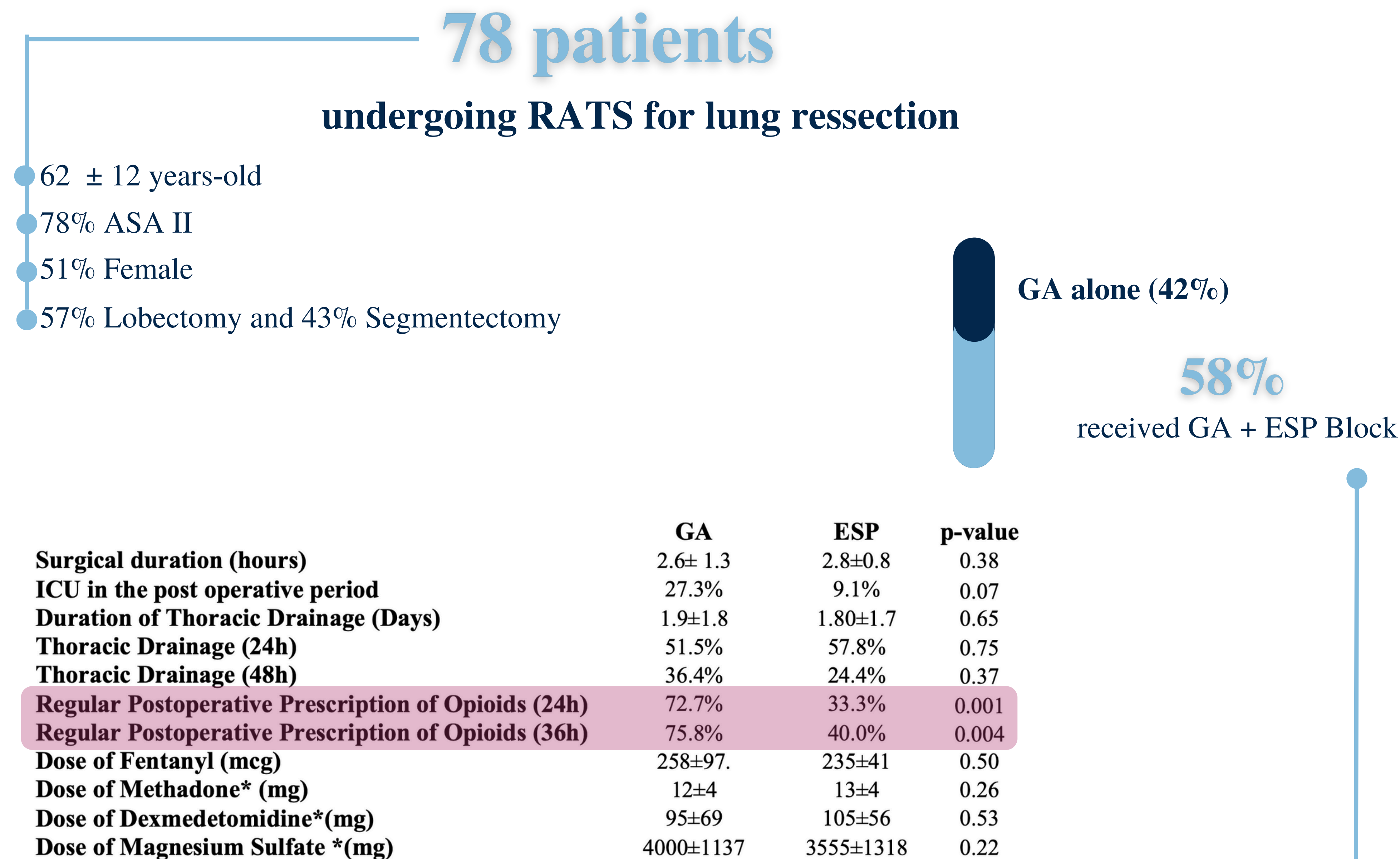


Fig. 1 - Patient Characteristics, Surgical Procedure and Outcomes of 78 patients undergoing to curative robotic thoracic surgery according to the Postoperative Rescue Opioids requirements (Univariate Regression Analysis).

ESP Block may be an effective opioid-sparing strategy in RATS in combination with multimodal analgesia.

CONCLUSION

DISCUSSION

- ESPB reduced regular opioid prescription within 24h and 36h postoperatively, with a significant protective effect in the weighted analysis.
- ESPB was evaluated alongside intravenous adjuvants; only intraoperative fentanyl significantly reduced opioid rescue needs.
- Study Limitations:** Retrospective design, non-standardized postoperative prescriptions, and intraoperative drug variations may impact results.

BIBLIOGRAPHY

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