

# ULTRASOUND-GUIDED BILATERAL ERECTOR SPINAE PLANE (ESP) BLOCK IN A PATIENT UNDERGOING RETROPERITONEOSCOPIC NEPHRON-SPARING SURGERY FOR KIDNEY CANCER: A CASE REPORT.

Dott. FABIO BARALDO (1), Dott. MAURIZIO LANFRANCO (1), Dott. AMEDEO FABOZZO (1), Dott.ssa CECILIA CRACCO (2), Dott.ssa GRETA FERRUZZI (1)

(1) Anaesthesia and operating room unit, Cottolengo Hospital - Via Giuseppe Cottolengo 9, Turin, Piedmont, Italia.

(2) Department of urology, Cottolengo Hospital - Via Giuseppe Cottolengo 9, Turin, Piedmont, Italia.

Argomento: Anestesia loco-regionale e analgesia

## **Introduction:**

Laparoscopic kidney surgery offers the advantage of reduced postoperative pain, faster recovery, and shorter hospital stay [1].

Etiology of postoperative pain after laparoscopic surgery is multifactorial: patients may develop nociceptive, inflammatory and neuropathic pain. Pain management should be multimodal considering the complexity of the its origin.

## **Hypotesis:**

We hypothesised that performing ESP block at a lower vertebral level would provide effective abdominal analgesia for retroperitoneal laparoscopic nephron-sparing surgery for kidney cancer [2].

## **Case report:**

A 57-year-old man was admitted to our hospital with history of arterial hypertension and a 3 cm right kidney cancer. He accepted to undergo retroperitoneoscopic nephron-sparing surgery.

Before the induction of general anesthesia we performed a bilateral ultrasound guided ESP block at T9 level with 30 ml of ropivacaine 0,375% and fentanyl 50 mcg for each side.

General anesthesia was inducted and heart rate, ECG, invasive blood pressure and SpO<sub>2</sub> were monitored during surgery.

Surgery lasted 196 minutes and was uneventful. The enucleation of the renal lesion was clampless.

A good intraoperative analgesia was obtained; post-operative analgesia lasted 24 hours, the patient required only acetaminophen 3000 mg ev and oxycodone 4 mg through a PCA ev pump.

The postoperative period was uneventful from the urologic point of view.

## **Conclusion:**

This case report shows that an ESP block at a lower vertebral level can provide good intraoperative

and postoperative analgesia in patients undergoing retroperitoneoscopic nephron-sparing surgery for kidney cancer, especially in those for whom epidural or opioids analgesia is undesirable or contraindicated.

**Bibliography:**

1. Nasrallah, G. and F.G. Souki, *Perianesthetic Management of Laparoscopic Kidney Surgery*. Curr Urol Rep, 2018. **19**(1): p. 1.
2. Forero, M., et al., *The Erector Spinae Plane Block: A Novel Analgesic Technique in Thoracic Neuropathic Pain*. Reg Anesth Pain Med, 2016. **41**(5): p. 621-7.