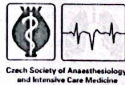


# 17<sup>th</sup> World Congress of Anaesthesiologists

September 1–5, 2021



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## ABSTRACT BOOK

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# Abstract Book

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### **Analgesia in patients for TKR surgery**

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**Introduction:** patients with total knee replacement suffer from severe pain. The administration of central or peripheral block provide a high level of postoperative analgesia.

**The aim** of this study was to compare the effect of epidural analgesia and single femoral nerve block on postoperative pain in patients with total knee replacement.

**Methods:** Sixty patients undergone total knee replacement were included and were randomly assigned to two groups of 30 patients: FNB group – patients with single femoral nerve block with bupivacaine 0,25% – 20 ml; and EDC group – patients with a continuous epidural analgesia with bupivacaine 0,125% – 5ml/h and fentanyl 3µg/ml. In all patients pain intensity was measured in rest and pasive leg movement in four intervals: 6 hours, 12, 24 and 48 hours after the surgery. The time to perform the central/peripheral block was measured as a supplemental analgesia.

**Results:** the both type of blocks provide effective analgesia in first 24 hours after the surgery. After 48 hours, pain relief was better in EDC group. There was no significant difference in the time for performing. Patients in FNB group needed only 48 hours after the surgery.

**Conclusion:** continuous epidural analgesia vs. single femoral nerve block in patients undergoing TKR show no significant difference on pain relief 24 hours after the surgery, but after 48 hours, single femoral nerve block is not effective comparing epidural analgesia.