GG-13

Postoperative pain after using local anesthetic infusion pump in single port laparoscopic adnexa surgery: A prospective randomized study

Ji Youn Lee*,1, Hyun Jong Park1, Ga Won Yim1, Maria Lee1, Sung Jin Lee2, Eun Ji Nam1, Sung Hoon Kim1, Sang Wun Kim1, Young Tae Kim1

1Division of Gynecologic Oncology, Department of Obstetrics and Gynecology, Yonsei University College of Medicine, Seoul, 2Department of Anesthesiology, Yonsei University College of Medicine, Seoul

목적: A standard approach for postoperative analgesia in laparoscopic surgery is to infiltrate the incisions with local anesthetic in combination with systemic opioids. We sought to determine the efficacy of an extraction-incision infusion of local anesthetics through a continuous-infusion elastomeric pump (ON-Q) for the management of postoperative analgesia after laparoscopic adnexal surgery.

방법: Between April 2010 and December 2010, 60 patients undergoing laparoscopic adnexal surgery were randomly assigned to one of two groups. The treatment group, 30 patients, received On-Q pump systems filled with 0.375% Ropivacaine. The pump’s catheter was introduced subcutaneously, and Ropivacaine was then delivered for the first 48 hours after surgery. Postoperative pain management with an ON-Q pump providing continuous local anesthetic into the incisional area was compared with traditional intravenous and oral analgesic use. Data sources were reviewed for analgesia requirements (morphine equivalents), anti-emetic requirements, American Society of Anesthesiologists scores, complications, and length of hospitalization.

결과: No statistical difference in patient’s subjective reports of pain by visual analog score was noted in the On-Q group 3.5±1.5 vs. control 3.6±1.5, p=0.871 at immediate post-operation, the On-Q group 3.1±1.0 vs. control 3.4±1.1, p=0.265 at 6 hours later, and the On-Q group 2.3±1.0 vs. control 2.6±1.1, p=0.286 at 24 hours later. There were no statistical difference in analgesia requirements, anti-emetic requirements, complications, and length of hospitalization.

결론: Our trial was not able to provide evidence of significant reduction in postoperative pain as measured by subjective pain scores with the use of continuous subcutaneous Ropivacaine using the On-Q pain pump system. Further investigation is warranted to evaluate the cost effectiveness of this technique.

GG-14

Feasibility and postoperative pain outcomes in single-port and two-port hysterectomy surgery

Yu-Ran Park, MD*,1, Jung-Yeol Park, MD1, Daeyeon Kim, MD1, Jong-Hyeok Kim, MD1, Yong-Man Kim, MD1, Young-Tak Kim, MD1, Joo-Hyun Nam, MD1

Department of Obstetrics and Gynecology, College of Medicine, University of Ulsan, Asan Medical Center

목적: The study objectives were to compare the surgical outcomes of a large series of gynecology patients treated using single-port and two-port laparoscopic hysterectomy surgery.

방법: We performed a retrospective analysis of patients who underwent single-port or two-port laparoscopic hysterectomy surgery between 2009 and 2011 at Asan Medical Center. Single-port hysterectomy surgery was performed through a 2-cm, intraperitoneal incision using a wound retractor and a surgical glove. For two-port hysterectomy surgery, a 1.5-cm intraperitoneal incision was made and a 5-mm ancillary port was inserted into the suprapubic area.

결과: In the single-port hysterectomy surgery group (n=336), the mean weight of the uterus, operating time, estimated blood loss (EBL), and postoperative hospital stay were 224g (range, 46-820g), 120.3 min (range, 39-303 min), 108 mL (range, 10-700 mL), and 2.3 days (range, 1-11 days), respectively. Twenty-eight patients required perioperative transfusion. There were no differences between the one-port and two-port patient groups regarding the mean weight of the uterus, operating time, transfusion requirement, postoperative Hb difference, and number of complications. On the pain scale, one-port surgery were lower than two-port surgery on the operative day (5.0 in one port <5.3 in two-port, p=0.002). Also, single-port surgery on the first postoperative day pain scale was lower than two-port surgery (2.4<2.6, p=0.03). Patients who underwent single-port surgery required less NSAIDs than two-port cases during the entire hospital stay in both groups.

결론: Single-port and two-port laparoscopic hysterectomy surgery were feasible and safe alternatives to conventional three- or four-port laparoscopic surgery in selected patients. However, single-port laparoscopic surgery is less painful than two-port surgery.