

## Analgesic Effectiveness Of Contineous Wound Infusion After Open HBP Surgery

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**Background** : Postoperative pain after HBP surgery is frequent and important issues. This may be attributed to a high incidence of preoperative pain resulting in use of analgesics prior to surgery and resection requiring extensive abdominal dissection with big incisions. Inadequate pain control following any surgical procedure increases overall morbidity, hospital stay and recovery time. Recently, contineuos wound infusion(CWI) have become more common in general abdominal surgery, as it has shown to be comparable to epidura analgesics in terms of pain relief with fewer complications. Herein, we present the analgesic effectiveness of CWI after open HBP surgery.

**Methods** : This retrospective study included 69 patients who underwent open surgery for liver and pancreatic cancer July 2020 and December 2021. The patients were grouped as the combined group (intravenous patient-controlled analgesia [IVPCA] plus CWI with bupivacaine, n = 44) and the PCA group (IV-PCA only, n = 25). Efficacy and safety were assessed in terms of numeric rating scale (NRS) pain score, opioid consumption, postoperative recovery, and complications.

**Results** : The total quantity of PCA fentanyl was significantly less in the combined group than in the PCA group ( $1080 \pm 262$  vs  $712 \pm 352$  P = 0.002). The NRS score of the combined group was not higher than in the PCA group, despite less opioid consumption ( $3.6 \pm 1.1$  vs  $3.9 \pm 1.5$ ). There were no differences between groups for postoperative recovery and most complications. Moreover, major complications (clavian class>2) is mild high in PCA group than CWI group. (24% vs 15%)

**Conclusions** : CWI significantly reduced postoperative opioid requirements. This study showed clinical efficacy of CWI for postoperative pain control in liver and pancreatic cancer patients undergoing open surgery.

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