

- عنوان البحث باللغة الانجليزية:

Ultrasound-guided quadratus lumborum block versus caudal block for pain relief in children undergoing lower abdominal surgeries: A randomized, double-blind comparative study

ملخص البحث باللغة الانجليزية:

Background:

The quadratus lumborum (QL) block, also known as the abdominal truncal block, was developed to provide visceral and somatic analgesia during abdominal procedures.

Objectives:

To assess pain alleviation, the incidence of complications in lower abdominal procedures, and hemodynamic stability between the caudal block and ultrasoundguided quadratus lumborum block.

Methods:

Fifty-two patients ranging from one to seven years old from both genders scheduled for unilateral lower abdominal surgery were randomized into two study groups. Group QL: Unilateral quadratus lumborum block (n= 26) and Group C: Caudal block (n= 26). In group C, children received caudal block. In group QL: An ultrasound-guided quadratus lumborum block was performed. The time to first rescue analgesia was evaluated as a primary outcome. The quality of analgesia was determined using a FLACC scale, hemodynamic parameters, and incidence of complications because hemodynamic instability was recorded under ultrasound guidance. Signs of local anesthetics toxicity and the parents' satisfaction were secondary outcomes

Results:

The time till the first demand for analgesia postoperatively was statistically longer in the QL group when compared to the C group. A non-significant difference was observed between the two groups (p-value > 0.05). Also, a non-significant difference was observed in the severity of postoperative pain up to one day postoperatively. Parents of the QL block group showed more satisfaction than the caudal block group. No intraoperative complications were detected.

Conclusion:

In comparison to the caudal block, the QL block produced more sustained and adequate analgesia postoperatively.

رئيس القسم

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