

## 61. CAUDAL VS ILIOINGUINAL/ILIOHYPOGASTRIC BLOCKS IN CHILDREN USING A ROPIVACAINE/CLONIDINE SOLUTION

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**Introduction:** Pediatric regional anesthesia is a valid method for the perioperative pain control; both central and peripheral blocks can be used in children. Ropivacaine and clonidine, even if not yet labelled for children had been widely and successfully described (1-8); aim of this study is to compare the efficacy of the caudal block (C) with the ilioinguinal/iliohypogastric (I) block in children using a clonidine/ropivacaine association (9,10)

**Methods:** 40 children aged 1-7 years, ASA status 1, undergoing elective minor surgery were studied (hernia repair, re-tined testes); after IRB and parental approval, in a single blind prospective randomised study they received either a caudal block (n 20; 0.2% ropivacaine 1 ml/kg plus clonidine 2 mcg/kg) or an inguinal block (n 20; 0.2% ropivacaine 0.4 ml/kg plus clonidine 2 mcg/kg). The blocks were performed after mask induction with sevoflurane 8%; maintenance was obtained with sevoflurane 2.5% in O<sub>2</sub>/Air until the end of surgery. HR, NIBP, O<sub>2</sub>Sat, ETCO<sub>2</sub> were monitored during surgery. We evaluated the onset time (pinprick), analgesia (time to the first rescue analgesic with paracetamol/codeine suppositories when score 5 or more of OPS scale) and sedation (0-2 points sedation scale).

**Results:** All blocks were successful, no statistical differences were evidenced in HR, NIBP, O<sub>2</sub>Sat and ETCO<sub>2</sub> as well as in surgical time and demographic data. The mean onset time was 9 min in both groups; 14 children of group I did not require rescue analgesics during the observation period (24h) and 11 of group C received the suppositories; in group I and C, among patients needing pain relief, analgesia lasted 160 min (SD 11; Range 60-315) and 265 min (SD 18; Range 75-150) respectively. The mean sedation was 149 min (SD 10; Range 30-390) in group I and 153 min (SD 81; Range 30-330) in group C.

**Conclusion:** Our results showed that ropivacaine plus clonidine can be used effectively and safely and that the ilioinguinal/iliohypogastric block is an alternative to caudal block in minor surgery in children.

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