



Abstract

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Effect of thoracic epidural analgesia on the postoperative CRP level in laparoscopic colorectal surgery in the ERAS program

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Objectives:

The effect of TEA on inflammatory response has been an area of interest. The magnitude of the systemic inflammatory response, as evidenced by postoperative CRP thresholds of 15 mg/dL on POD 3 have been reported to be associated with the development of infective complications. The aim of this exhibit is to present the effect of TEA on the postoperative CRP level on POD 3.

Methods:

Data was obtained retrospectively on a total of 119 consecutive patients who underwent laparoscopic colorectal surgery for malignancy in the ERAS program in Seoul St. Mary's™ hospital between March, 2017 and December, 2018. All operations were conducted on the same surgical protocol. Among the 119 patients, 38 patients underwent laparoscopic colorectal cancer surgery without thoracic epidural analgesia and were provided with the intravenous PCA infusion postoperatively (Group IV). 81 patients underwent laparoscopic colorectal cancer surgery with thoracic epidural analgesia and were provided with the epidural PCA infusion postoperatively (Group T).

Results:

Preoperative CRP level was similar in both groups (0.53 vs. 0.35, $p = 0.335$). In the IV group, it significantly increased on POD 1 and POD 3 compared with the TEA group (6.54 vs. 4.97, $p = 0.028$ and 9.89 vs. 7.93, $p = 0.044$, respectively). On POD 3, 8 patients (21.1%) of the IV group showed high CRP level ($>15\text{mg/dL}$), compared to 3 patients (3.7%) of the TEA group. ($p = 0.004$).

Conclusions:

The results from the present study suggest that TEA administered as a part of a combined anesthetic technique and postoperative analgesia may attenuate the inflammatory response secondary to laparoscopic colorectal surgery in the ERAS program.

References:

Br J Surg. 2015;102:462-479. Ann Surg Oncol. 2012;19:4168-4177.