

# Morphine Sparing Effect of Wound Infiltration Catheters for Laparoscopic Live Donor Nephrectomies.

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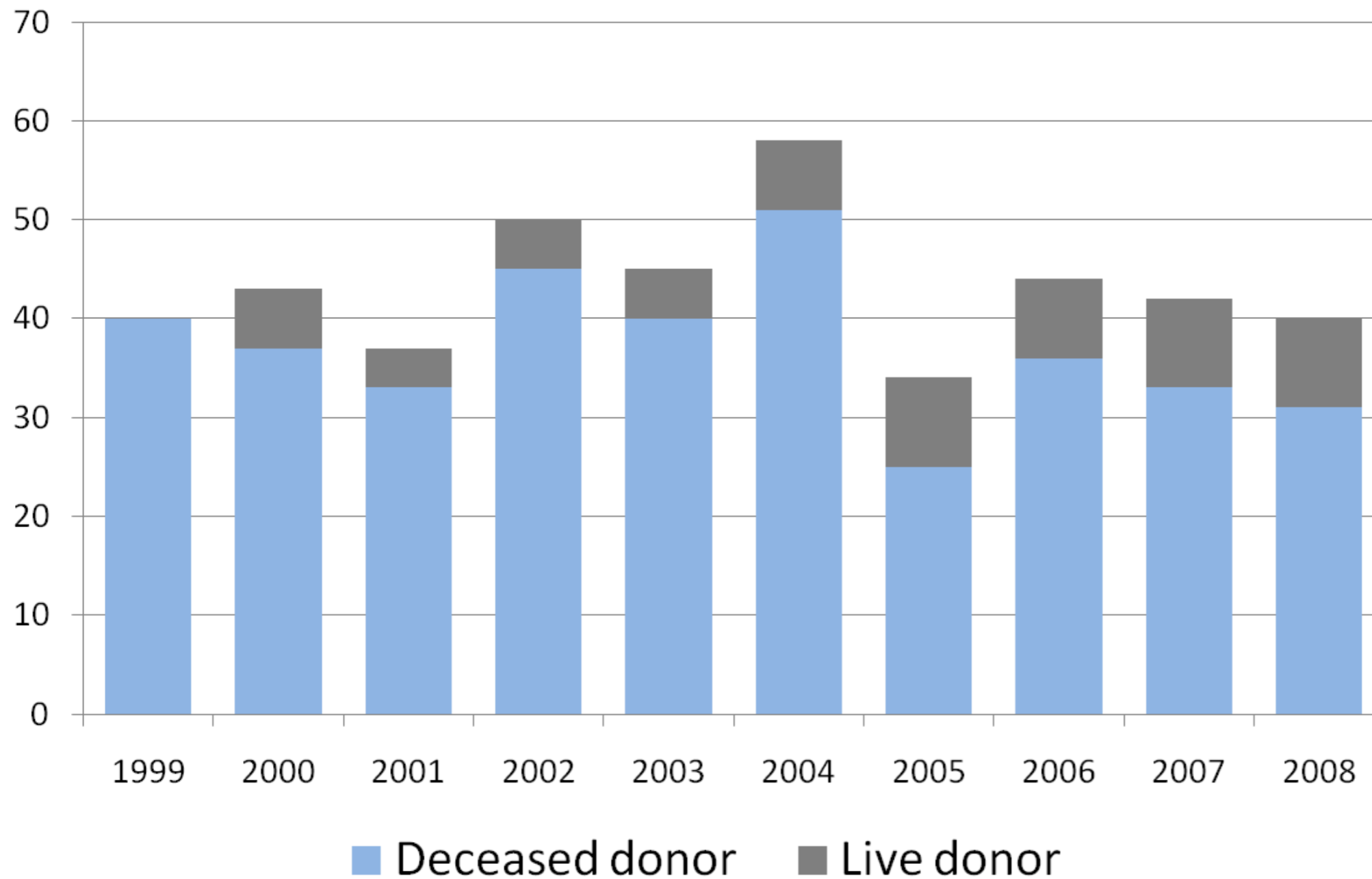
# Disclosures

Educational travel grant, Novartis UK

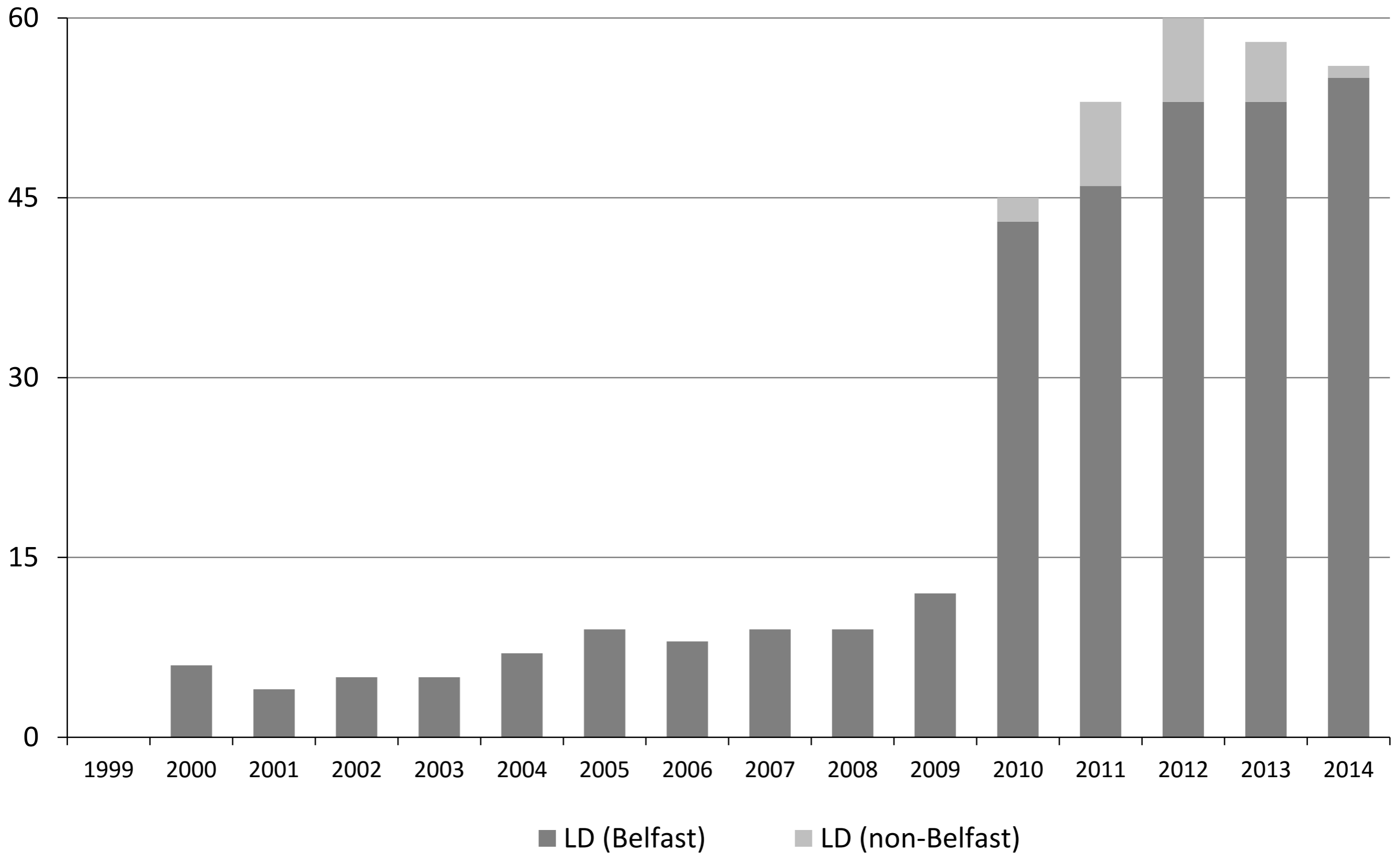
Educational travel grant, Astellas UK

Honorarium, Halyard UK

# Transplantation in Belfast



# Living donor transplant programme



Source:  
European Commission

KIDNEY TX. FROM  
LIVING DONORS  
Annual Rate p.m.p 2013

32,2



# Nephrectomy - Standard Care

- Fast from midnight
- 1000ml IV saline pre op
- 2000ml IV saline post op
- Morphine PCAS 48 hours
- Mobilise and light diet day 1

The most important thing a  
father can do for his  
children is to love their  
mother

Henry Ward Beecher

The most important thing a nephrologist can do for his/her patient is to look after their donor

Dr Aisling Courtney



# Enhanced Recovery - 2013

- No IV Perioperative IV Fluid
- Nutricia Pre-Op
- No Catheter
- Mobilise immediately
- Morphine PCA

# Effect of Continuous Infiltration on the Enhanced recovery Programme

- Retrospective
- 83 Consecutive Living Donor Nephrectomies
- All Fully Laparoscopic Procedures
- 2 Surgeons
- No PCA

# Anaesthesia

- Standard anaesthesia
- Bilateral TAP block and Fentanyl on induction
- 10mg IV Morphine
- 1g IV paracetamol

# On Q Pain Buster

- 65mm silver soaker catheter - Pre Peritoneal
- 30ml 0.25% Levobupivacaine Loading Dose
- 6-10ml/hr Infusion 0.125% Levobupivacaine









# Results

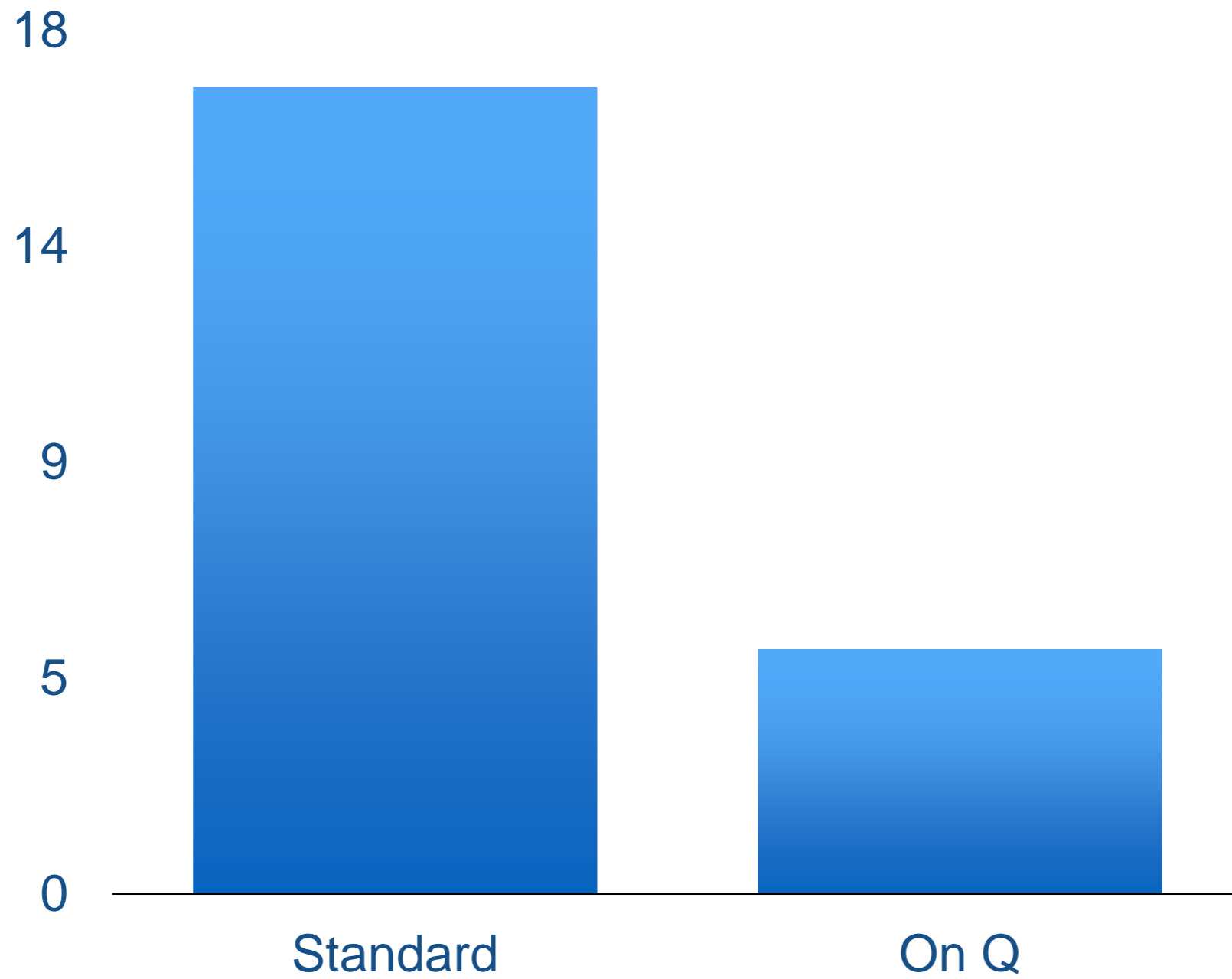
Standard

n= 48

On Q

n=35

■ Mean Morphine Requirement at 48 hours (mg)



$p < 0.0001$



■ Cumulative Morphine Equivalent at 48 hours (mg)

28

22

17

11

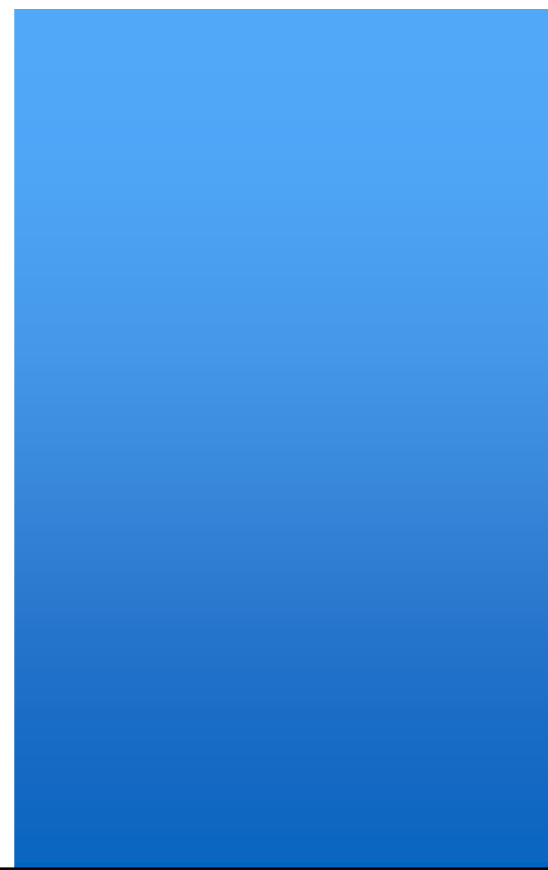
6

0

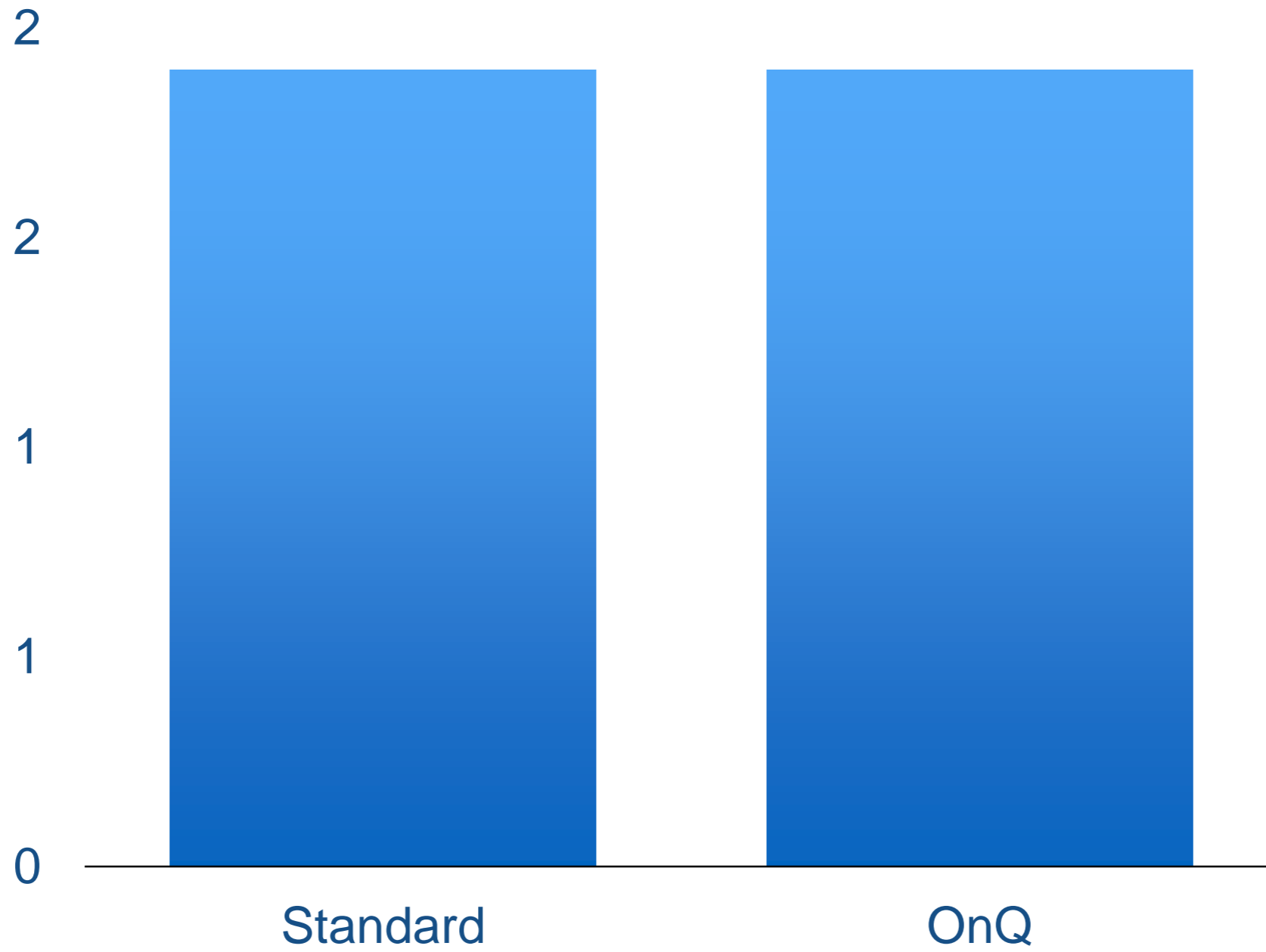
Standard

OnQ

p= 0.0012



■ Mean Resting Pain score at 24 hours



■ Mean Post Operative Length of Stay (Days)

4

3

2



Standard



OnQ

p= 0.15

# Conclusions

- Effective morphine sparing for ERAS programme
- Significant benefit as marginal gain
- Shoulder tip pain remains a problem