**Conclusion:** COMPASS-31 score of more than 30 correlated with moderate to severe AND. Patients with severe AND develops significant hemodynamic fluctuations during surgery more so in prone.

**Results:** A total of 25 patients were studied. The baseline demographics, intraoperative variables (opioid consumption and duration of anesthesia), and postoperative variables (time of ambulation and discharge time) between the groups were compared. All patients received 30 to 40 mL of either 0.2% ropivacaine or 0.25% bupivacaine for intraoperative analgesia. During the postoperative period, 30 mL of 0.2% ropivacaine or 0.2% bupivacaine was given Q12H for 60 hours. There were no complications such as infection, hematoma or motor weakness noticed with QLB placement. Patients with QLB could be ambulated earlier compared with patients without block.

**Conclusion:** Administration of QLB decreased intraoperative opioid usage and helped in early ambulation and early discharge during the postoperative period.

**Acknowledgments**

We thank Dr. Srinivasan Swaminathan and Dr. Prasanna Bidkar from Department of Anesthesia at JIPMER, Puducherry for compiling the abstracts.