Summary of findings:

US-QLB compared to other analgesic method for postoperative analgesia after abdominal or hip surgery

Patient or population: postoperative analgesia after abdominal or hip surgery
Setting: systematic review
Intervention: US-QLB
Comparison: other analgesic method

Outcomes	Anticipated absolute effects* (95% CI)		Relative effect (95% CI)	№ of participants (studies)	Certainty of the evidence (GRADE)	Comments
	Risk with other analgesic method	**Risk with US-QLB**				
Opioid consumption at 24 hours postoperatively (Opioid consumption) assessed with: Morphine (mg), or equivalents follow up: range 24 hours to		MD **11.15 mg lower** (15.33 lower to 6.97 lower)	-	803 (12 RCTs)	⨁⨁⨁◯ MODERATE [a]	US-QLB reduces opioid consumption at 24 hours postoperatively.
The delay to the first rescue opioid analgesic (The delay to the opioid) assessed with: time (min) follow up: mean 443 minutes		MD **189.32 min more** (114.4 more to 264.23 more)	-	499 (7 RCTs)	⨁⨁⨁⨁ HIGH	US-QLB results in large increase in the delay to the first rescue opioid analgesic.
Pain grade at rest (VAS at rest) assessed with: score Scale from: 0 to 10 follow up: range 24 hours to		MD **0.22 lower** (1.24 lower to 0.8 higher)	-	765 (11 RCTs)	⨁⨁◯◯ LOW [a,b]	US-QLB may result in little to no difference in pain grade at rest.
Pain grade during movement (Dynamic pain) assessed with: score Scale from: 0 to 10 follow up: range 24 hours to		MD **0.47 higher** (1.26 lower to 2.2 higher)	-	794 (7 RCTs)	⨁⨁◯◯ LOW [a,b]	US-QLB may result in little to no difference in pain grade during movement.
Postoperative nausea and vomiting (PONV) assessed with: incidence	356 per 1 000	**181 per 1 000** (130 to 243)	**OR 0.40** (0.27 to 0.58)	764 (11 RCTs)	⨁⨁⨁◯ MODERATE [c]	US-QLB may result in a large reduction in postoperative nausea and vomiting

*__The risk in the intervention group__ (and its 95% confidence interval) is based on the assumed risk in the comparison group and the __relative effect__ of the intervention (and its 95% CI).

CI: Confidence interval; **MD:** Mean difference; **OR:** Odds ratio

GRADE Working Group grades of evidence
High certainty: We are very confident that the true effect lies close to that of the estimate of the effect
Moderate certainty: We are moderately confident in the effect estimate: The true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different
Low certainty: Our confidence in the effect estimate is limited: The true effect may be substantially different from the estimate of the effect
Very low certainty: We have very little confidence in the effect estimate: The true effect is likely to be substantially different from the estimate of effect

Explanations

a. results are not completely consistent
b. different pain scores used
c. Incidences of nausea with or without vomiting were pooled