

TRAM flap reconstruction is traditionally associated of severe pain, requiring opioid analgesia, with all known side effects.

This case reports an opioid-free anesthesia for TRAM flap reconstruction, using ESPB.

Methods Female, 53-years, ASA III, with hypertension, obesity and SAOS, admitted for TRAM flap reconstruction.

Bilateral ESPB was performed, under ultrasound guidance. It was injected 25 ml of ropivacaine 0,375% (2.6 mg/kg) and dexamethasone 4 mg on each side, at T4 level.

Under ASA standard and invasive blood pressure monitoring, a totally intravenous general anesthesia was maintained with propofol and ketamine.

Acetaminophen and ketorolac were administered 30 minutes before end of surgery. No complications recorded during intra-operative period and patient emerged comfortable from anesthesia.

Results On PACU, patient remained comfortable with maximum pain of 1/10 on NRS, without need of additional analgesics.

Postoperative analgesia consisted of acetaminophen and ketorolac every 8 hours and, during first 2 days, the worst pain recorded was 3/10, without need of opioid analgesia.

No complications of the ESPB was recorded and patient was discharge home after 4 days.

Conclusions ESPB is useful, easy and fast strategy that may be used as a valuable adjunct for postoperative analgesia in TRAM flap reconstruction, which pose a challenge in pain control.

Moreover, it offers an advantage in terms of reducing opioid requirements contributing for enhanced recovery.

181 THE APPLICATION OF A COMBINATION OF INTERSCALENE AND PARAVERTEBRAL BLOCKS IN A PATIENT WITH A PATHOLOGICAL HUMERUS FRACTURE: A CASE REPORT

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Background and Aims Most amputation procedures at the shoulder joint, on patients suffering from pathological humerus fractures are performed under general anesthesia. Here we show a case of an American Society of Anesthesiologists classification (ASA) III patient, scheduled for amputation of the humerus, at the shoulder joint. Due to a high risk procedure under general anesthesia, we decided to apply interscalene and paravertebral blocks along with intravenous sedation.

Methods A 55-year-old male, ASA III patient, was scheduled for amputation of his right humerus. The patient had a history of bladder cancer with multiple metastases on the lungs, lymph nodes and bones. He also suffered from a pathological fracture of left humerus, with presence of left-hand cellulitis.

During preparation for surgery, an invasive blood pressure measurement was set up, while the interscalene and paravertebral spaces were identified using a nerve-stimulating needle and a linear ultrasound probe of 8 and 12 Hertz. An anesthetic solution of 0.5% levobupivacaine was applied at Thoracic (Th) 2 and Th3 levels (5 milliliters per level) and to the brachial plexus (20 milliliters). We used 1% lidocaine for skin infiltration and sedation was performed with a continuous infusion of 1% propofol.

Results Sensory blockade occurred after 18 minutes and lasted for about 16 hours in the shoulder and 10 hours in the axilla region, with stable hemodynamic parameters and no perioperative complications.

Conclusions Such precise administration of small doses of long-acting local anesthetic at multiple levels has resulted in a satisfactory anesthesia and analgesia without hemodynamic and respiratory complications.

182 A RETROSPECTIVE COHORT STUDY OF BRACHIAL PLEXUS BLOCKS IN VASCULAR SURGERIES FOR HEMODIALYSIS ACCESS OF KIDNEY PATIENTS IN A TERTIARY CARE CENTER (2016–2019)

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Background and Aims Brachial plexus blocks (BPB) have been used to provide surgical anesthesia in vascular procedures. Regional anesthesiologists must correlate technique with the procedure to establish protocols in performing peripheral nerve blocks in renal patients for hemodialysis. The primary objective of this study is to describe relationship between BPB used and the type of surgery done for hemodialysis access.

INSTITUTIONAL REVIEW BOARD			
CERTIFICATE OF APPROVAL			
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