B54 BILATERAL SUPERFICIAL CERVICAL PLEXUS BLOCK FOR AWAKE PARATHYROIDECTOMY IN A HIGH RISK PATIENT

T Azad*, B Kesavan, K Manoharan. *University Hospital of North Tees NHS Foundation Trust, Stockton on Tees, UK*

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Background and Aims Regional blocks as sole anaesthetic techniques are gaining importance, particularly in patients with extensive comorbidities, where general anaesthesia is high risk. Blocks for surgeries involving neck are more challenging and carry high risk due to the presence of vital structures around. This report describes anaesthetic management of awake parathyroidectomy with bilateral cervical plexus block in a high risk patient

Methods 81 years male with history of CAD for 20 years, past MI, CABG with 3 grafts, chronic heart failure, poor functional capacity, NYHA classIII, uncontrolled hypertension, TIA thrice in the past, hypercholesterolemia, fatty liver with deranged liver functions and stage 3 CKD, has been posted for elective parathyroidectomy for refractory hypercalcemia. He was evaluated in preoperative clinic, options of anaesthetics discussed and decided for regional technique. On the day of surgery, he was made to lie down with 30* head-up tilt, standard AAGBI monitors connected, iv cannula inserted, aseptic precautions undertaken, neck ultrasound performed, "Stop before the block" adhered to; Left Superficial cervical plexus block performed with 50mm NRfit needle viewing needle in-plane with ultrasound using 10 ml 0.5% levobupivacaine. The same procedure is repeated on right side.

Results After 15 minutes waiting time, block assessed at surgical site with pin-prick. After ensuring that block quality is good, he was started on conscious, arousable sedation with propofol TCI. Procedure lasted for 80 minutes and the patient was comfortable and pain free. Peri-operative period was uneventful

Conclusions Bilateral cervical plexus blocks can be used as sole anaesthetic technique in experienced hands for selected patients, particularly high risk ones

B55 THE EFFECT OF PARAVERTEBRAL ANAESTHESIA ON QUALITY OF LIFE SCORES IN BREAST CANCER PATIENTS

A Chhabra*, V Seenu, R Parshad, A Dhar, P Sharan, RM Pandey, S Mohanty, S Mathur. *All India Institute of Medical Sciences, New Delhi, India*

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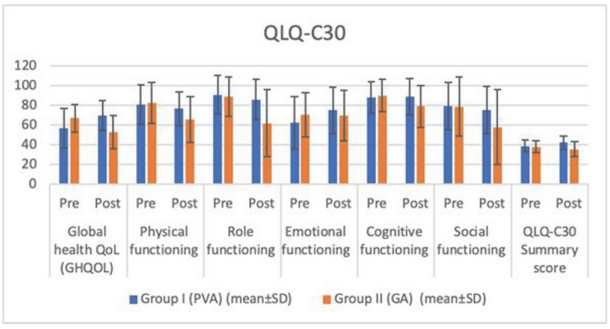
Background and Aims Breast cancer is the commonest cancer worldwide.(1) Multiple level paravertebral anaesthesia (PVA) provides excellent analgesia with minimal PONV (2); therefore, we wanted to ascertain if PVA would improve quality of life (QoL) at 2weeks postoperatively in these patients.

Methods We included female patients of > 18 years, of ASA I-III, scheduled to undergo breast cancer surgery after ethics committee approval. Three validated QoL questionnaires for cancer patients were administered preoperatively and 2 weeks postoperatively i.e. the European Organisation for Research and Treatment of Cancer - QLQ-C30 (primary outcome), BR-23, the FACT-B and WHOQOL-bref questionnaires. (3–5)

PVA group patients received USG, in-plane, PVA at T1-T6 levels together with Pecs-2 block and propofol sedation whereas the GA group received standard GA.

Results 65 patients were randomised: 34 in the PVA and 31 in GA group. Demographics were comparable except for younger age of PVA patients. At 24 hours lower pain scores (movement), lesser fentanyl consumption was observed in PVA patients [365 mcg (215, 595)] versus GA group [820 mcg (565, 1035)], P= 0.0001. QLQ-C30 scores at 2 weeks post-surgery (global health-QoL, physical, role, cognitive, social functioning) were significantly better in PVA as compared to GA patients after age and baseline score adjustment. Intra-group analysis revealed significant fall in body image, sexual functioning, breast, arm symptoms (QLQ-BR23 scores) and lower emotional, functional scores (FACT-B, WHOQOL-bref) in the GA group.



Abstract B55 Figure 1

Conclusions Therefore, emotional, physical and functional quality of life was better maintained in PVA patients as compared to GA patients at 2 weeks post-surgery.

Peripheral nerve blocks

B56 ACUTE PAIN MANAGEMENT IN THE EMERGENCY AND DISASTER SETTING, A NARRATIVE REVIEW OF THE LITERATURE

[1]P Theodosopoulou, [2]M Moutafi, [3]M Kalogridaki, [4]C Tsiamis, [5]M Rekatsina, [6]E Pikoulis. *[1]Aretaieio University Hospital, NKUA, Athens, Greece; [2]Yale University School of Medicine, New haven, USA; [3]Kat Hospital, Athens, Greece; [4]University of Thessaly, School of Health Sciences, Karditsa, Greece; [5]Basildon University Hospital, London, UK; [6]Attikon University Hopsital, NKUA, Athens, Greece*

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Background and Aims Pain is one of the commonest reasons a patient seeks assistance in the emergency department (ED). The goal of the study is to assess the key points of acute pain management in the emergency and the disaster setting.

Methods The inclusion criteria used were: a) articles referring to acute pain management in the ED, the disaster and the prehospital setting, b) research that focused on pain assessment methods during emergencies, c) guidelines on pain therapy protocols and methods of pain alleviation, d) studies analyzing reasons behind pain under-treatment in the ED. The exclusion criteria were: a) studies referring to chronic pain management, b) research on pain treatment outside the emergency setting.Three major themes were identified: a) acute pain perceptions, b) acute pain assessment and c) acute pain treatment.