Background and Aims There is no evidence on analgesia or sedation concepts during pre-operative placement of peripheral nerve block. Aim of our RCT pilot trial was to estimate the best practice approach for analgosedation for regional anaesthesia.

Methods 50 patients participated the study from 08/2020–12/2020. Computer-based randomization was performed to one of five treatment concept groups:

1. Remifentanyl-Infusion (no bolus, 6–9 mcg/kg/h i.v.),
2. Fentanyl-Bolus (100 mcg i.v. for BW>50 kg and 50 mcg for BW< 50 kg),
3. Clonidine 150 mcg bolus i.v.,
4. Lidocaine/Prilocaine topical cream 30 min prior to the puncture,
5. Placebo.

Pain intensity at skin puncture with 22-G 50 mm and 21-G 100 mm needles was the main outcome, assessed by a numeric rain scale (NRS) at the time of a needle insertion, as well as patients' satisfaction and wellbeing (Anaesthesiological Questionnaire).

(Ethical Committee No. 31–255 ex18/19)

Results There were no statistical differences between the baseline charakteristics. No significant difference in favour of any analgosedation concept regarding pain reduction or wellbeing. Remifentanil infusion provided the lowest experienced pain levels (NRS 2,0 [1,5–3,0]) followed by Lidocaine/Prilocaine creme (NRS 2,5 [1,25–4,0]) and Placebo (NRS 2,5 [1,25–4,5]). No adverse effects (e.g. nonresponsiveness or drop in oxygen saturation or blood pressure, nerve injury) were revealed.

Abstract B58 Table 1

Outcome	Remifentanil	Lidocaine/ Prilocaine	Fentanyl	Clonidine	Placebo	P
Pain at puncture (NRS)	2.00 [1.5 to 3.0]	2.50 [1.25 to 4.0]	3.00 [2.0 to 4.75]	4.00 [3.0 to 5.0]	3.00 [2.0 to 4.5]	0,172
Light pain (1 to 2)	7/9	6/12	5/12	1/9	3/8	0,80
Medium or strong pain (3)	2/9	6/12	7/12	8/9	5/8	
Wellbeing (ANP)						
None	0/9	1/12	0/11	0/9	0/8	0,535
Some	1/9	3/12	3/11	0/9	1/8	
Quite	6/9	7/12	8/11	9/9	6/8	
Strong	2/9	1/12	0/11	0/9	1/8	
Complications	None	None	None	None	None	n.a.

Conclusions

Further issue to investigate are, whether it is reasonable to reduce the pain intensity at the price of patients' vigilance. Analgosedation with remifentanil seems to provide the lowest pain while best ensuring patients' wellbeing. Optimal approach has to be adjusted according to the patient needs, medical personnel expertise and a hospital's logistics.

B59 ANATOMICAL STUDY OF CATHETER MOBILIZATION AFTER PHYSIOTHERAPY IN CLASSICAL POSTERIOR SUPRASCAPULAR NERVE BLOCK

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Background and Aims Continuous peripheral nerve blocks (cPNB) are widely used and have potential benefits for providing pain relief for several days. Successful insertion of cPNBs and avoidance of their dislocation can represent a challenge.

Dislocation of cPNBs can result in failure of the block and is poorly described in the literature. The rate of catheter dislocation is probably underestimated.

We designed an cadaveric anatomical study to assess the rate of catheter displacement after a simulated program of intensive physiotherapy. The aim was to compare the location of the catheter tip just after placement and after physiotherapy.

Methods Eight ultrasound guided continuous suprascapular nerve blocks were performed. The catheter tip localization was confirmed by tomodensitometry. We then simulated a physiotherapy session by performing a series of standardized movements on anatomical specimen. After marking with methylene blue, an anatomical dissection followed to localize the position of the catheter tip.

Results There was radiological evidence of correct placement in the vicinity of the suprascapular notch for all catheters.

Dissections demonstrated that in six specimens (75%), catheters remained in the correct place after physiotherapy.

Two catheters came out and escaped through supraspinatus muscle and trapezius.

Conclusions From an anatomical point of view, catheter dislocation of continuous suprascapular nerve blocks after an intense program of physiotherapy of shoulder mobilization, occurs in 25% of cases.

B60 IPACK AND ACB VERSUS PERIARTICULAR INJECTION (PAI) ENHANCES POSTOPERATIVE PAIN CONTROL IN ANTERIOR CRUCIATE LIGAMENT (ACL) REPAIR: A RANDOMIZED CONTROLLED TRIAL

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Background and Aims Periarticular injections (PAIs) are becoming a component of multimodal joint pathways. Motor-sparing peripheral nerve blocks, such as the infiltration between the popliteal artery and capsule of the knee (IPACK) and the adductor canal block (ACB), may augment PAI in multimodal analgesic pathways for knee surgery, but supporting literature