

remains rare. We hypothesized that t ACB and IPACK would lower pain on ambulation on postoperative day (POD) 1 compared to PAI alone.

Methods This triple-blinded randomized controlled trial included 50 patients undergoing ACL repair. Patients either received (1) a PAI (control group, n = 26) or (2) an iPACK with an ACB (intervention group, n = 24). The primary outcome was pain on ambulation on POD. Secondary outcomes included numeric rating scale (NRS) pain scores, patient satisfaction, and opioid consumption.

Results Opioid consumption was different in both groups. Highly significant difference was also observed comparing the two groups concerning the total morphine consumption (mg) in the first 24 postoperative hours 6 mg in iPACK group compared to 11 mg in PAI group (p value=0.037). Pain upon ambulation was significantly less in iPACK group (P value=0.01). The occurrence of postoperative nausea and vomiting was low in both groups with no statistical difference, this is most likely due to the prophylactic administration of dexamethasone and ondansetron given routinely to all patients.

Conclusions The addition of iPACK and ACB significantly improves analgesia and reduces opioid consumption after ACL repair compared to PAI alone. This study strongly supports iPACK and ACB use within a multimodal analgesic pathway.

B61 PREGNANT WOMAN WITH SUBDURAL CLINIC AFTER PROLONGED LABOR: A CASE REPORT

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Background and Aims Spinal analgesia is the technique for pain control of pregnant patients. There is a dural sac thickness space called “subdural spaced”. One of the causes of a failed epidural block is to inject local anesthetic into the subdural space, the clinic is a too high slow lock with a patched distribution, dyspnea and hypotension.

Other forms of subdural block are described in the literature, like for example Horner’s Syndrome which is due to the block with local anesthetics of sympathetic fibers (C8-T1).

Methods 39 year old pregnant woman with no medical history of interest.

Lumbar epidural catheter was inserted as analgesic treatment:

- Negative dose test
 - Negative aspiration test for blood and cerebrospinal fluid
 - Levobupivacaine 0,125%+200 mgr of fentanyl 12 mL/h
- Analgesia was not effective

New boluses of local anesthetic were injected with a new lumbar catheter.

After 180 minutes and prolonged labor, begins with blurred vision, miosis, ptosis and right enophthalmos which is called unilateral Horner’s syndrome.

Results The differential diagnosis of high spinal block with patchy distribution, asymmetric and minimal motor block compatible with subdural block is proposed.

Clinical symptoms compatible with cephalic distribution of local anesthetic until reaching the stellate ganglion of C8-T1 debuting as unilateral Horner’s syndrome.

Conclusions Most cases of Horner’s Syndrome described in neuroaxial anesthesia are related to pregnant patients. The

increased intra-abdominal pressure of pregnancy accompanied by prolonged labor during delivery and the increased sensitivity of the same seem to be predisposing factors. In most cases, they resolve spontaneously.

B62 PERIBULBAR AND SUB-TENON’S BLOCKADES: EFFECTIVE ANESTHETIC TECHNIQUES FOR EYE SURGERY IN A PATIENT WITH INFECTIVE ENDOCARDITIS – A CASE REPORT

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Background and Aims Infective endocarditis (IE) is a microbial infection of heart valves or mural endocardium, but mainly a multisystemic disorder.¹ Endogenous endophthalmitis is one of its complications. The literature is sparse about these two joint entities and anesthesia approach for patients with IE proposed for noncardiac surgery. We present a locoregional alternative to general anesthesia.

Methods A 64-year-old woman, ASA IV, diagnosed with an endogenous IE by *Enterococcus faecalis* and concomitant endophthalmitis was proposed to vitrectomy.

The patient had two mechanical heart valves (aortic and mitral) since 2007 due to rheumatic disease and atrial fibrillation anticoagulated with warfarin.

With evidence of vegetations in mitral and tricuspid valves, six weeks of treatment with vancomycin and gentamicin were indicated.

After multidisciplinary discussion, benefits of ophthalmologic surgery seemed to outweigh the risks of delaying the procedure for six weeks for antibiotic treatment completion.

Results For vitrectomy, peribulbar and sub-Tenon’s blockades were performed using 3 and 4 mL of ropivacaine 1%, respectively, with further application of Honan balloon, under mild sedation with intravenous midazolam (total of 3mg) and alfentanil (total of 400mcg).

During the procedure (duration 100 minutes), hemodynamic stability and good surgical conditions were maintained.

The perioperative period was uneventful.

Conclusions IE is a systemic life-threatening disease, being prosthetic heart valves one of the major risk factors.¹

Endogenous endophthalmitis is generally associated with high mortality and poor visual outcomes.²

Eye peripheral blockades decrease anesthetic risk.

Plus, avoiding general anesthesia and orotracheal intubation, the risk of endocarditis implantation in other prosthetic valves was reduced³ and hemodynamic stability was maintained.

B63 SUPRAINGUINAL FASCIA ILIACA BLOCK FOR PERIOPERATIVE ANALGESIA IN TOTAL HIP REPLACEMENT: A RETROSPECTIVE ANALYSIS

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Background and Aims Suprainguinal fascia iliaca blocks can be used as part of peri- and postoperative pain management after total hip arthroplasty.^{1,2,3} This study compares postoperative