morphine use and pain scores between patients with a suprainguinal fascia iliaca block (FIB) with ropivacaine 0.375%, 40 mL and a control group (NB).

**Methods** We conducted a retrospective, single-center study reviewing all data of elective total hip arthroplasties performed between April 2019 and May 2021. Primary endpoint is patient-controlled intravenous (PCIA) morphine use at 24 hours. Secondary endpoints were PCIA morphine use at 48 hours, NRS pain scores, perioperative sufentanil-, postoperative IV piritramide consumption on the PACU ward and nausea. The ethical committee of the Imelda hospital in Bonheiden deemed ethical approval unnecessary.

**Results** Our study included 277 patients, consisting of 203 patients in the FIB group and 74 in the NB group. There was a significant decrease in PCIA morphine use (p = 0.000034) at 24 hours, lower pain scores at 48 hours (p = 0.0003) and lower sufentanil consumption perioperatively (p = 0.015) in the FIB group. However, pain scores and piritramide consumption in the PACU ward were significantly increased (p = 0.02 and p = 0.014, respectively) in the same group. No difference was reported for PCIA morphine use at 48 hours, pain scores at 24 hours and nausea.

**Conclusions** A preoperative suprainguinal fascia iliaca block leads to less PCIA morphine consumption the first 24 hours, lower NRS pain scores at 48 hours and lower perioperative opioid need for total hip arthroplasty.

**B64 COMPARISON OF SUPRAINGUINAL FASCIA ILIACA AND PENG BLOCKS ON POSTOPERATIVE PAIN AND FUNCTIONAL RECOVERY AFTER TOTAL HIP ARTHROPLASTY: PRELIMINARY RESULTS OF A NON-INFERIORITY TRIAL**

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**Background and Aims** Pain after posterolateral-approached total hip arthroplasty (PLTHA) may affect early functional recovery. Suprainguinal fascia iliaca (SFICB) and percapsular nerve group blocks (PENG) have been proposed as promising analgesia techniques. This trial was conducted to assess non-inferiority of PENG as compared to SFICB for controlling postoperative pain. Secondary outcomes included several assessments of functional recovery.

**Methods** After approval by our local Ethics Committee (2020/381), forty-three patients scheduled for PLTHA with spinal anesthesia were prospectively and randomly allocated to groups. Group S and Group P received SFICB (40 mL ropivacaine 0.375%) or PENG (20 mL ropivacaine 0.75%), respectively. A blinded observer evaluated rest and mobilization pain on a 0–10 numeric rating scale (NRS) at fixed time points: 1h and 6h after surgery, at day-1 and day-2 at 8am, 1pm and 6pm. At day-1 and day-2, evolution on quality-of-recovery-15 score (QoR-15), timed-up-and-go (TUG), 2-minutes (2MWT) and 6-minutes-walking (6MWT) tests were performed. Non-inferiority margin was set as 1 NRS point 6 hours after surgery. Data were analyzed using Mann-Whitney or generalized linear mixed model tests as appropriate.

**Results** 6-hours after PLTHA, group PNRS was non-inferior to group S NRS (Figure 1A). Groups had no significant differences regarding rest and dynamic pain trajectory during the first 48 postoperative hours (Figure 1B), as well as regarding motor and functional recovery at day-1 and day-2 as assessed by TUG, 2MWT, 6MWT and QoR-15 (Figure 2).
Conclusions In PLTHA, PENG is non-inferior to SFICB regarding postoperative pain control and no differences are observed regarding postoperative functional recovery. These results should be confirmed once the planned sample size (105) will have been recruited.

B65 ANESTHESIA PRACTICE IN THE FIRST WAVE OF THE COVID-19 OUTBREAK IN THE UNITED STATES: A POPULATION-BASED COHORT STUDY

Background and Aims The COVID-19 pandemic has profoundly impacted daily clinical practice and numerous clinical recommendations were published focusing on guidance to maximize patient and healthcare worker safety. It is unclear to what extent these recommendations impacted anesthesia practice in the early stage of the pandemic. We therefore utilized a large national dataset to elucidate potential changes in practice in the United States, with a specific focus on anesthesia practice in orthopedic surgery.

Methods This study is approved by Hospital for Special Surgery Institutional Review Board (IRB#2016–436). Using the Premier database, we identified who patients underwent elective total knee/hip arthroplasty (TKA/THA) in the US during the initial surge of COVID-19 from March 1st to June 30th in 2020. In order to compare this cohort to controls, we selected patients admitted during the same time frame the year prior. We compared anesthesia practice before and during the first wave of the COVID-19 pandemic using standardized differences.

Results There was no clinically meaningful, observable change of overall practice of anesthesia between 2019 and 2020 in either the TKA or THA cohort. Benzodiazepine use was slightly lower during the COVID-19 period among TKA patients (from 77.7% to 72.3%, Table 1).

Conclusions In conclusion, despite the recommendations from worldwide airway experts to avoid airway instrumentation during the period of the pandemic our data showed that anesthetic practice in the US did not change with regards to the conduct of general and regional anesthesia. Further research is needed to investigate if these recommendations had lasting consequences beyond the initial pandemic period.

B66 POSTOPERATIVE ANALGESIA FOR A CHRONIC PAIN PATIENT FOLLOWING MIDDLE FINGER FUSION WITH A DISTAL MEDIAN NERVE CATHETER

Background and Aims A 39-year-old male with an 8-year history of chronic back, knee, neck, and ankle pain treated with buprenorphine-naloxone was scheduled for a middle finger distal interphalangeal joint arthrodesis and internal fusion. The patient was very concerned for analgesia following the surgery and wanted to avoid additional opioids.

Methods The patient had an axillary brachial plexus block performed for the primary anesthesia for surgery. In the recovery room the distal median nerve was hydro dissected with ultrasound guidance using a 25-gauge needle with 10cc of 0.5% ropivacaine. (Figure 1) After a fluid collection was developed an 18-gauge needle was advanced adjacent to the median nerve and a catheter was advanced 5 cm. (Figure 2) The catheter was secured and an infusion of 0.2% ropivacaine at 4 cc per hour was infused for 5 days. (Figure 3)