

Figure 2. Evolution of functional outcomes at day before surgery (D-before) and day-1 (D1) or day-2 (D2) after surgery. Distances at 2-minutes (ZMWT) and 6-minutes (GMWT) walking tests are presented in meters, time in timed up-and-go test in seconds and quality-of-Recovery-15 Questionnaire on a 0 to 150 score in Group S (SFICB) and in Group P (PENG). Numbers are provided with 95% confidence interval (95% CI) of the estimated marginal mean (EMM) and mean difference.

Abstract B64 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

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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.¹⁻³ 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 anaesthesia 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)

Abstract B65 Table 1

	TKA				THA				
	2019		2020		2019		2020		
	N	(%)	N	(%)	N	(%)	N	(%)	
Type of Anesthesia									
General Anesthesia	37,536	43.1%	5859	42.1%	0.02	30,532	81.9%	8909	80.9%
Regional Anesthesia	21,064	24.2%	3449	24.8%	0.01	11,618	18.1%	2102	19.1%
Block Only	9746	11.20%	1371	9.80%	0.04	4398	6.80%	556	5.00%
General +Block	6222	7.10%	683	4.90%	0.09	1010	1.60%	153	1.40%
Perioperative use of:									
NSAIDs	57080	65.50%	8800	63.20%	0.05	40388	62.80%	6625	60.20%
COX-2 Inhibitors	45046	51.70%	7045	50.60%	0.02	34330	53.30%	5587	50.70%
Benzodiazepines	67702	77.70%	10116	72.70%	0.12	47548	73.90%	7712	70.00%

*A standardized difference >= 0.1 represents a meaningful group difference.

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.

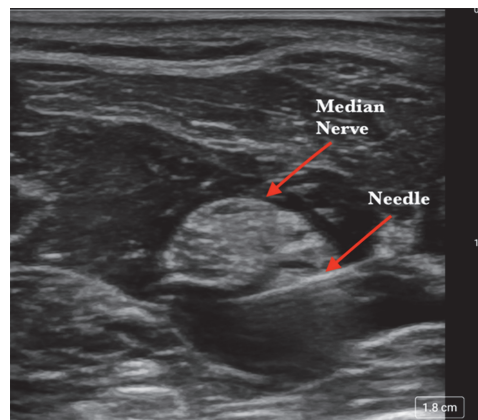
B66 POSTOPERATIVE ANALGESIA FOR A CHRONIC PAIN PATIENT FOLLOWING MIDDLE FINGER FUSION WITH A DISTAL MEDIAN NERVE CATHETER

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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 preformed 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)



Abstract B66 Figure 1