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.

Abstract B65 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.

Abstract B66 Figure 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.
Results The patient reported no surgical pain and required no opioids during the duration of the catheter. Postoperative radiographs at 2 weeks showed bony bridging indicative of early bone fusion. The middle finger sensation returned 24 hours following the discontinuation of the infusion and the patient reported minimal pain.

Conclusions A distal nerve catheter can provide excellent analgesia while maintaining motor function of the arm. Additional benefits may be in increasing the blood flow and decreasing the fusion time which needs further investigation.

Conclusions The results of this retrospective study using a small number of patients suggest that the additional benefits of GNBs is, if any, limited for early postoperative period. A prospective randomized study may be warranted to confirm the present results.

Background and Aims Rib fractures are a common injury following blunt chest wall trauma, leading to significant morbidity and mortality. Effective patient analgesia is pivotal. Guidelines advise multimodal analgesia, including thoracic epidural analgesia (TEA) or regional nerve blocks such as serratus anterior (SA) or erector spinae plane (ESP) blocks.

Background and Aims Total knee arthroplasty (TKA) is associated with intense postoperative pain, for which continuous femoral triangle block (FTB) and infiltration between the popliteal artery and the capsule of the posterior knee (iPACK) block have been used. Recently, genicular nerve blocks (GNBs) have attracted attention as a more selective technique to help relieve knee pain, so we have started adding this technique to the combination of the blocks above. In the present study, we retrospectively compared postoperative pain levels to see if the addition of GNBs benefit patients undergoing TKA.

Methods With IRB approval, we conducted a retrospective analysis of data that had been collected prospectively from patients undergoing TKA and receiving our standard analgesic regimen including continuous FTB and iPACK block between July 2021 and January 2022 in our hospital. We compared patients with and without GNBs regarding intra and postoperative data including pain scores, analgesic requirements and adverse events.

Results Thirty-two patients (19 and 13 patients with and without GNBs, respectively) were evaluated. Demographics of the patients were comparable. There was a tendency that pain levels on the day of surgery were lower in patients with GNBs than those without. But the two groups did not differ in pain scores, analgesic requirements. No severe complications related to blocks was observed.