

Abstract B66 Figure 2



Abstract B66 Figure 3

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.

B67 DOES THE ADDITION OF ULTRASOUND-GUIDED GENICULAR NERVE BLOCKS CONTRIBUTE TO POSTOPERATIVE PAIN RELIEF AFTER TOTAL KNEE ARTHROPLASTY? A PRELIMINARY STUDY

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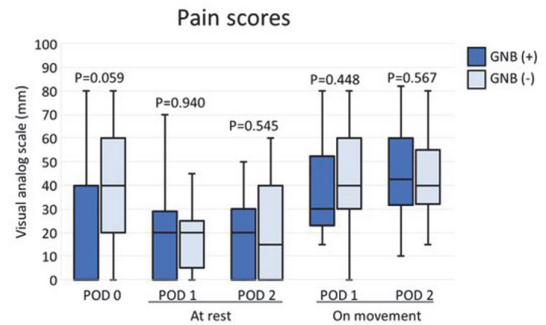
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Background and Aims Total knee arthroplasty (TKA) is associated with intense postoperative pain, for which continuous femoral triangle block (FTB) and infiltration between the

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.



Abstract B67 Figure 1

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.

B68 ESTABLISHING A REGIONAL NERVE BLOCK PATHWAY FOR PATIENTS PRESENTING WITH RIB FRACTURES AT A TRAUMA UNIT IN LONDON

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Background and Aims Rib fractures are a common injury following blunt chest wall trauma¹, leading to significant morbidity and mortality².

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) blocks³.