Results High risk patients were able to undergo successful thoracic surgery with diagnostic and therapeutic intent facilitated by ultrasound guided regional anaesthesia paravertebral block alone. All thoracoscopic procedures were completed with successful diagnostic and therapeutic outcomes.

Conclusions Non intubated awake thoracic surgery techniques have developed in parallel with adoption of videothoracoscopic surgical technology. Previous descriptions have utilised locoregional anaesthesia with either intercostal blocks or thoracic epidural anaesthesia, and intravenous sedation. We present a case description of our technique for successful thoracoscopic procedures in high risk patients performed under paravertebral regional anaesthesia alone without intravenous sedation or general anaesthesia.

PENG BLOCK ASSOCIATED TO LATERAL CUTANEOUS FEMORAL NERVE AND OBTURATOR NERVE BLOCKS AS SOLE ANAESTHETIC TECHNIQUE FOR TRANSTROCHANTHERIC FEMURAL FRACTURE

Background and Aims Hip has a complex innervation and therefore it is a challenge to anesthetize it solely with peripheral nerve blocks. There are just a few cases described in literature where PENG block was used with anaesthetic goals and, as far as we know, there is no description of the association of blocks here described.

Methods We describe a female 82 year old patient, 72kg, with previous systemic hypertension and heart failure NYHA III with a femur fracture for an intramedullary nail. After monitoring, the following ultrasound guided nerve blocks were performed: PENG block (20 mL 0.5% Ropivacaine), Lateral Cutaneous Femoral Nerve (5 mL 0.5% Ropivacaine) and Obturator nerves at subpectineus plane (15 mL 0.5% Ropivacaine). Additional light sedation was achieved with dexmedetomidine IV (0.5mcg/kg/h) and ketamine (0,5mg/kg).

Results Surgery underwent smoothly without the need of any other anaesthetic drugs, patient sedated in RASS -3.

In the following 24h after surgery, there was no pain complaints or need of opioids.

Conclusions The anterior capsule of the hip is innervated by the lumbar plexus and the posterior capsule by the sacral plexus. The lateral side of the thigh is innervated by the lateral femoral cutaneous nerve, also part of lumbar plexus. Studies showed that the nociceptors concentrate mainly on the anterior capsule, thus the lumbar plexus is the main responsible for hip anaesthesia.

In this particular case, it was chosen to focus on lumbar plexus blocks through blocks mentioned previously.

By choosing this technique, we aimed to avoid approaching neuroaxial techniques or general anaesthesia preventing haemodynamic changes.

INFREQUENT ANATOMICAL VARIATION OF INTERSCALENE BRACHIAL PLEXUS, IS IT A PRECURSOR TO BLOCK FAILURE?

Background and Aims Anatomical variation in the interscalene brachial plexus is not uncommon but can cause difficulty in identifying the structures even on ultrasound.

Here we present a case report of one such anatomical variation encountered while performing ultrasound guided interscalene brachial plexus block and how we overcame our challenges.

Methods CASE REPORT A 58 yr old male who was premorbidly healthy was posted for phils plating (orif # head of the humerus). Position proposed for surgery was supine. Decision was taken to give ultrasound (USG) guided interscalene brachial plexus block(ISB). On ultrasound scanning of the interscalene area the plexus was seen as the C5 C6 roots on the surface of the anterior scalene muscle whereas the C7 in the interscalene groove(image as below)