beneficial to patient flow. Further studies using larger patient cohorts are needed to fully explore the benefits of RA over GA in a trauma setting.

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**SAPHENOUS NERVE BLOCK REDUCES LENGTH OF STAY AFTER EPIPHYSIODESIS OF THE KNEE – A TRIPLE BLIND RANDOMIZED SUPERIORITY TRIAL**

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10.1136/rapm-2022-ESRA.151

Background and Aims The aim of this triple blind randomized controlled trial was to compare a bilateral single shot saphenous nerve block to placebo in postoperative pain management after percutan epiphysiodesis of the genual growth plates.

Methods We included 44 patients ASA 1–2, aged 12–18 years; 21 patients received single shot nerve blocks with 10 ml ropivacaine 0.5% per leg; 23 patients received their nerve blocks with 10 ml NaCl 0.9% per leg. General anesthesia and postoperative analgesics were standardized. The main endpoint was length of stay (LOS). We further investigated intra- and postoperative opioid consumption, NRS pain scores, time in the post anesthetic care unit, time to walk (with crutches) and overall patient satisfaction. The Regional Ethics Committee Groningen, The Netherlands gave approval.

Results We observed a median LOS of 41 hours in the intervention group versus 48 hours in the placebo group (p=0.08), which was not statistically significant but clinically relevant in the sense of discharge management and efficiency. We could show overall low painscores (NRS 0–1.6) with significant difference on the first postoperative night (NRS 1.1 vs 0.5) in favour of the intervention.

Conclusions We could not show statistical significant superiority of the saphenous nerve block. The intervention did support the concept of efficient multimodal pain management on the ward and didn’t show drawbacks like delayed ambulation.

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**FASCIA ILIACA PLANE BLOCK COMBINED WITH LOW DOSE SPINAL ANESTHESIA COMPARED TO REGULAR DOSE SPINAL ANESTHESIA FOR MANAGEMENT OF POST-OPERATIVE PAIN IN INTERTROCHANTERIC FRACTURE REPAIR**

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10.1136/rapm-2022-ESRA.152

Background and Aims Post-operative pain in the elderly is associated with adverse surgical outcome and Post-Operative Cognitive Dysfunction (POCD) in the elderly (1). It is rather common in the orthopedic population and it is related to the type of fracture as well as procedure performed by the surgeons. As a matter of a fact, even patients under epidural analgesia regiments have shown increased pain walking after Intra-Medullary Hip Screw (IMHS) compared to other procedures (2). Fascia Iliaca Plane Block has been found to reduce pain after hip fracture (3). Thus, we decided to study its effect in post-surgical patients.

Methods 16 patients were studied in this case- control trial. Approval of local ethics committee was obtained. Their demographic characteristics are presented in Table 1. Control group was administered 2.5 mL ropivacaine and 10 mcg fentanyl intrathecaly and study group was administered 1.5 mL ropivacaine and 10 mcg fentanyl intrathecally, while fascial iliaca plane block (40 mL of 0.375% ropivacaine) was performed pre-operatively. VAS scores of patients were measured in the PACU, 24 hours and 48 hours after operation.

Results Patients from both group noted significantly higher VAS scores at rest after 24 hours compared to PACU (p<0.001). Nevertheless, pain was higher in the Ropi group compared to Fascia group at 24 and 48 hours (p<0.001). (Figure1) (Figure2)