

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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**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 growths 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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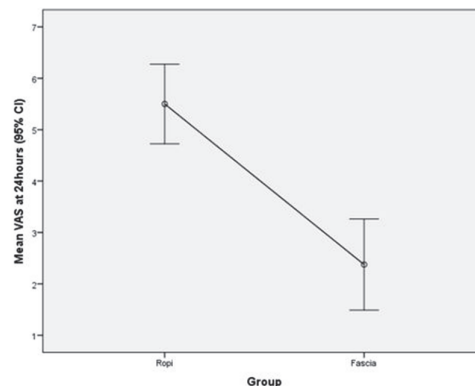
10.1136/rapm-2022-ESRA.152

**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 intrathecally 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.

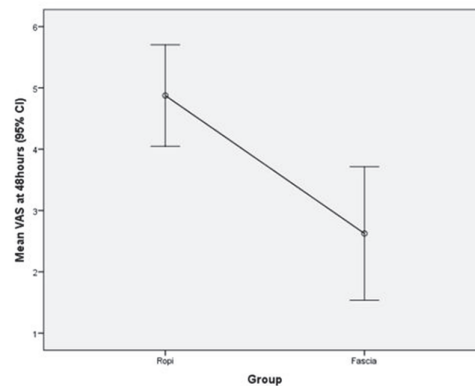
Abstract B77 Table 1

		Group				P
		Ropi		Fascia		
		N	%	N	%	
Gender	Females	4	50,0	4	50,0	1,000+
	Males	4	50,0	4	50,0	
Age (years), μέση τιμή (SD)		84,1 (7,3)		82,3 (8,5)		0,645++
BMI (kg/m2), μέση τιμή (SD)		27,8 (3,4)		28,4 (4,0)		0,735++
Side	Left	6	75,0	4	50,0	0,608+
	Right	2	25,0	4	50,0	



Abstract B77 Figure 1

**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)



Abstract B77 Figure 2

**Conclusions** Fascia iliaca plane block combined with low dose spinal anesthesia significantly reduces VAS score at rest compared to regular dose spinal anesthesia. It remains a field of interest for future research.

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### FASCIA ILIACA PLANE BLOCK COMBINED WITH LOW DOSE SPINAL ANESTHESIA COMPARED WITH REGULAR DOSE SPINAL ANESTHESIA IN INTERTROCHANTERIC FRACTURES REPAIR: THEIR EFFECTS IN HEMODYNAMICS

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**Background and Aims** Spinal anesthesia is the preferred method in older patients undergoing intertrochanteric fracture repair (1). However, it has been associated with cardiovascular instability, especially in the elderly (2). According to Lee et.al, ED95 for intrathecal ropivacaine is significantly lower than the one being administered regularly (3). In an effort to minimize the dosage of local anesthetic administered intrathecally in the elderly population undergoing intertrochanteric fracture repair we performed the following case-control study, where we measured the amount of vasoactive agents (ephedrine and phenylephrine used in each group).

**Methods** Control group (Ropi) received 18.5 mg (2.5 mL) of ropivacaine and 10 mcg fentanyl intrathecally. In the study group (Fascia), 11 mg (1.5 mL) and 10 mcg of fentanyl and a fascia iliaca block was performed with 40 mL of ropivacaine 0.375%. If patients received phenylephrine < 150 mcg and ephedrine < 15 mg it was signified as (++) , less than that was signified as (+) and no vasoactive agents as (-). Local ethical committee approval was obtained.

Abstract B78 Table 1

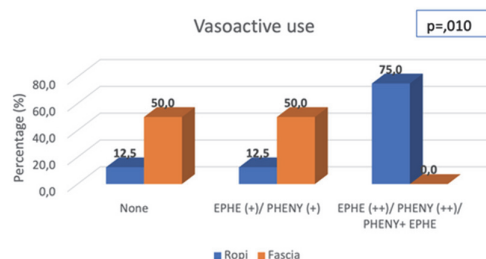
	Ropi		Fascia		P*
	N	%	N	%	
AH	4	50	5	62,5	1,000
DM	4	50	3	37,5	1,000
AF	1	12,5	4	50	0,119
Hypothyroidism	1	12,5	0	0	1,000
Parkinson	1	12,5	2	25	1,000
CAD	1	12,5	2	25	1,000
Dem	2	25	2	25	1,000

\*Fisher's exact test

Abstract B78 Table 2

		Group				P
		Ropi		Fascia		
		N	%	N	%	
Gender	Females	4	50,0	4	50,0	1,000+
	Males	4	50,0	4	50,0	
Age (years), μέση τιμή (SD)		84,1 (7,3)		82,3 (8,5)		0,645++
BMI (kg/m2), μέση τιμή (SD)		27,8 (3,4)		28,4 (4,0)		0,735++
Side	Left	6	75,0	4	50,0	0,608+
	Right	2	25,0	4	50,0	

**Results** 16 patients were consecutively studied, 8 of which were in the Ropi group and 8 in the Fascia group. Mean age in the Ropi group was  $84.1 \pm 7.3$  years and  $82.3 \pm 8.5$  years in the Fascia group (Table 1) (Table 2). Ropi group received statistically higher amount of vasoactive agents (Figure 1.)



Abstract B78 Figure 1

**Conclusions** The use of fascia iliaca plane block combined with low dose spinal anesthesia in intertrochanteric fracture repair was found to be successful in reducing the amount of vasoactive agents administered.

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### A NATIONAL SURVEY ON THE USE OF SINGLE-SHOT AND CONTINUOUS FASCIA ILIACA COMPARTMENT BLOCK FOR THE MANAGEMENT OF NECK OF FEMUR FRACTURES IN THE UK

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**Background and Aims** Hip fractures are extremely common and cause considerable pain which is associated with several negative patient outcomes. Perioperative analgesia may involve a fascia iliaca compartment block (FIB) which can be delivered as either a single-shot or via a continuous infusion of local anaesthetic. The aim of this survey was to investigate the practice of single shot or continuous FIB in management of neck of femur (NOF) patients within the UK.

**Methods** An anonymous survey was shared amongst trauma and orthopaedic consultants working at different hospitals in the National Health Service (NHS). Data was collected on a series of questions relating to the use of single shot and continuous FIB in the management of NOF fractures. Questions also pertained to the person responsible for delivering the block and whether ultrasound was used.