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.

**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.

**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 ± 7.3 years and 82.3 ± 8.5 years in the Fascia group (Table 1) (Table 2). Ropi group received statistically higher amount of vasoactive agents (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.

**A National Survey on the Use of Single-Shot and Continuous Fascia Iliaca Compartiment 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.
Results 34 consultants completed the survey. 100% of respondents stated their department use single-shot FIB and, when used, it was usually by members of the emergency department (ED) team (82%) and without ultrasound (82%). No respondents stated their department use continuous FIB in the ED for NOF fractures.

Background and Aims Nowadays, even major abdominal surgeries are performed laparoscopically. However, patients complain for severe postoperative pain and the role of the anesthesiologist for its effective management remains crucial. In this case series, we evaluated the efficacy of continuous bilateral Erector Spinae Plane Block (ESPB) for the management of perioperative pain of patients undergoing major laparoscopic abdominal surgery.

Methods We enrolled four patients undergoing laparoscopic pancreaticoduodenectomy, laparoscopic hepatectomy and laparoscopic Nissen fundoplication surgery. Ultrasound-guided ESPB was performed in all patients 30 minutes before induction of general anesthesia at T9 level. Ropivacaine 0.375% (20 ml) was infused at each side 30 minutes before the induction of general anesthesia and Ropivacaine 0.2% (20 ml) was infused at each side 12, 24, 36 and 48 hours after surgery through continuous infusion catheters. Intraoperative monitoring of the patients included BIS and NOL monitors for the management of intraoperative depth of anesthesia and analgesia, respectively.

Results All patients remained stable and no complications were recorded. The mean intraoperative remifentanil administration was 0.02 mcg/kg/min. Postoperative analgesia included paracetamol 1000 mgx4 and ropivacaine infusion from ESPB catheters. No opioids were administrated to the patients postoperatively. NRS scores at several time points after surgery were <3. All patients were mobilized the day after surgery and their mean satisfaction score regarding their perioperative analgesia was 5.5 out of 6.

Conclusions ESPB performance is an innovative and simple method which can be a game-changer in improving the quality of perioperative analgesia, while it contributes in achieving enhanced recovery to patients undergoing major laparoscopic abdominal surgeries.

Abstract B79 Figure 1

Abstract B79 Figure 2

Abstract B79 Figure 3

Conclusions Single-shot FIB appears to be widely used for the management of NOF fractures within ED, is usually delivered by members of the ED team and without ultrasound guidance. Continuous FIB appears to be used very rarely in the management for NOF fractures. This survey will lead onto a large prospective trial to further evaluate the potential of continuous FIB.