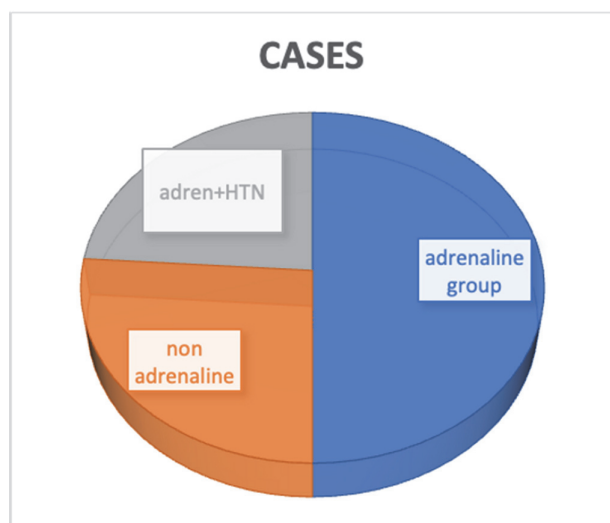


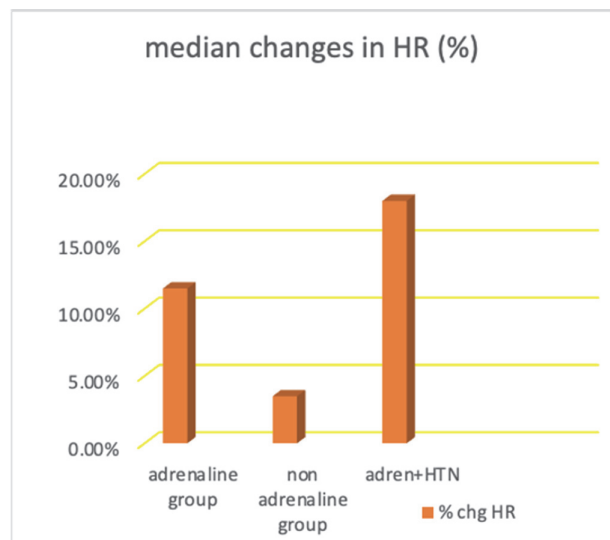
Twelve patients had their blocks with non-adrenaline containing local anaesthetics.



Abstract B81 Figure 1

Results No significant changes in systolic blood pressure in both adrenaline and non-adrenaline groups (median 1% increase in adrenaline group and 0.5% fall in non-adrenaline group)

The adrenaline group showed higher increase in heart rate (median 11.5% increase) compared to non-adrenaline group (median 3.5% increase). This effect was slightly more evident in hypertensive patients receiving adrenaline containing local anaesthetics (median 18% rise).



Abstract B81 Figure 2

Conclusions Use of adrenaline containing local anaesthetics was associated with slightly higher rise in heart rate compared to plain local anaesthetics. The rise in heart rate was more prominent in hypertensive patients. Larger studies and more

work are required to establish the clinical significance of the results.

B82 RECTUS SHEATH AND SUBCOSTAL TRANSVERSUS ABDOMINIS PLANE BLOCKS AS MAIN ANESTHETIC TECHNIQUE FOR OPEN CHOLECYSTECTOMY: A CASE REPORT

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Background and Aims Anesthesia for open cholecystectomy are traditionally either under general or neuraxial anesthesia. Fascial plane blocks are often reserved for postoperative analgesia only.¹ We report a case of an ASA Class IV patient with obstructive jaundice in severe cholangitis who underwent open cholecystectomy and T-tube drain under rectus sheath and subcostal TAP blocks.

Methods A 58-yo male patient was received in the operating room for tube cholecystostomy. He was noted to be hypotensive, hypernatremic, and drowsy. A linear transducer was placed transversely next to the umbilicus on the right where 12 ml of 0.2% ropivacaine was deposited.² Twenty-five (25) mls of 0.2% ropivacaine was deposited into the right subcostal area for the TAP block.² LA infiltration in the incision site was also done. The intraoperative cholangiogram was unremarkable however the gallbladder was emphysematous and macerated. The surgeons decided to proceed with open cholecystectomy with T-tube placement. Midazolam and fentanyl were used for sedation. Paracetamol 1g and tramadol 50mg IV were also given intraoperatively.

Results There was no complaint of pain nor wide swings in vital signs. Blood loss was at 650cc with intermittent episodes of tachycardia and hypotension which was responsive to norepinephrine. Surgery lasted 6 hours with the surgeon not noting any difficulty in retraction. The patient was fully awake thereafter.

Conclusions The use of fascial plane blocks as the sole technique in intraperitoneal anterior abdominal procedures was successful in this case. The technique may prove useful in patients who are hemodynamically unstable and have poor ASA classification scores.³

B83 MANAGEMENT OF HAND AND FOREARM FRACTURES: REGIONAL ANAESTHESIA VERSUS GENERAL ANAESTHESIA ALONE

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Background and Aims The operative fixation of hand and forearm fractures can be carried out under general anaesthesia (GA), with or without regional anaesthesia (RA) or with RA as the sole anaesthetic technique. The use of RA may provide less post-operative pain and opioid use¹. There is evidence to suggest that RA has better outcomes post-operatively in terms of range of motion and function². We sought to determine