



Abstract B95 Figure 2

Results In this case study 12 patients ,24 blocks were performed with success rate of 91.6% (n=22), requiring analgesia supplementation 8.3%(n= 2) , postoperative analgesia lasted for average duration for 12 hours.

No patients were converted to general anaesthesia

Conclusions The ultrasound guided spermatic cord block offers an easy, safe technique ,good post operative analgesia, avoiding complications of general anaesthesia, can be considered a better option for elderly patients minimizing the hospital stay.

B96 AWAKE FOOT SURGERY USING A COMBINED POPLITEAL SCIATIC AND SELECTIVE ANKLE NERVE BLOCK FOR AMBULATORY CARE

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Background and Aims Awake ankle surgery performed solely under peripheral nerve block has proved challenging due to poor tolerance of tourniquet and prolonged onset time for surgical anaesthesia, often requiring additional spinal or general anaesthesia, resulting in delayed mobilisation.

We aim to evaluate a combined regional anaesthetic technique including popliteal sciatic block using a short-acting local anaesthetic (LA) with a selective ankle block using a long-acting LA, to overcome the disadvantages of using either of them on its own.

Methods Patients undergoing foot surgery underwent popliteal-sciatic blocks using 10–15 ml of 2% lignocaine followed by selective ankle blocks using 10–15 ml of 0.75% ropivacaine with ultrasound guidance.

Results Surgical anaesthesia was achieved, with no requirement of additional analgesia, sedation or conversion to general anaesthesia in 100% of cases (n=19). Mean block-to-surgical-anaesthesia time was 11.89 minutes with a mean anaesthetic procedural time of 12.63 minutes. Mean volumes of 2% lignocaine and 0.75% ropivacaine used were 11.94 and 14.57 mL respectively. There were no reported instances of tourniquet or surgical pain and patient satisfaction was good. Mean surgical time was 51 minutes (range 40–75 minutes). Mean foot-drop duration was 155 minutes (range 120–210 minutes).

Conclusions This audit demonstrates that a combined regional anaesthetic technique, provides rapid onset of surgical anaesthesia for foot surgery while not being prohibitive to list efficiency. It further reveals that this is a reliable method for the reduction in the peri-operative use of sedatives and analgesic drugs while facilitating ambulatory surgery.

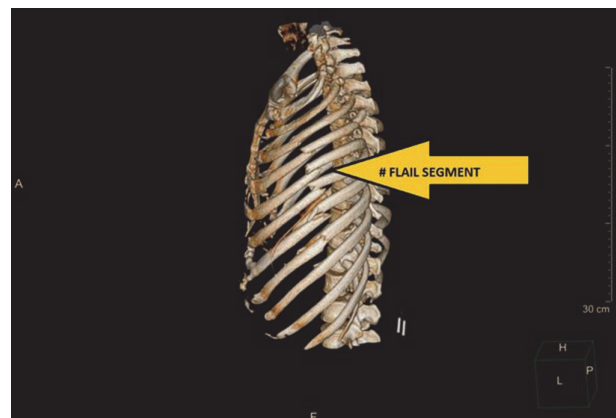
B97 CONTINUOUS ERECTOR SPINAE BLOCK FOR PAIN RELIEF IN MULTIPLE UNILATERAL RIB FRACTURE WITH FLAIL SEGMENT-A CASE REPORT

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Background and Aims We report a case of continuous Erector spinae block for pain relief and successful weaning of patient from mechanical ventilation with multiple rib fractures

Methods After getting informed consent under all aseptic precaution and after attaching all standard monitors an erector spinae block was performed at the level of T5 transverse process using Sonosite 6–13MHz 38mm linear probe in plane technique.18 G touhys needle was used and once the T5 transverse process was hit using USG guidance after negative aspiration 15 ml of 0.2% ropivacaine was given as bolus and 20G epidural catheter was inserted around 5 ml of 0.2%ropivacaine was used to hydrodissect and catheter was threaded without any resistance and the local anesthetic spread was confirmed using USG . We kept the catheter tip around 4 cm inside and the catheter was tunnelled and fixed over the skin



Abstract B97 Figure 1