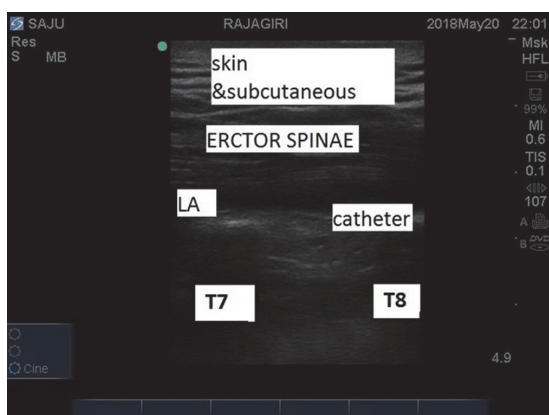


Abstract B97 Figure 2

Results We reassessed the patient after half an hour and we could find his breathing pattern has improve and we could find his pain has relived .he was extubated and we formally assessed the distribution of cutaneous dermatomal block . We could find loss of cold sensation of hemithorax from T1 to T9.We also assessed the pain score at rest and after cough. Numerical pain score was 0/10 at rest and 1/10 after coughing



Abstract B97 Figure 3

Conclusions Early pain relief in case of rib fracture will prevent respiratory morbidities and the regional anesthesia techniques play a crucial role in this regard. . Continous ESPB is a novel ,simple technique with less complication and with intense and rapid analgesia.

B98 ERECTOR SPINAE PLANE BLOCK AS PART OF A MULTIMODAL ANALGESIC SCHEME IN RECONSTRUCTIVE BREAST SURGERY WITH TRANSVERSE RECTUS ABDOMINUS MUSCLE FLAP: A CASE REPORT

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Background and Aims The erector spinae plane (ESP) block is a recent regional anaesthetic technique that can be used to provide analgesia for a variety of surgical procedures.It consists in placement of local anaesthetic between the erector spinae muscle (ESM) and the thoracic transverse processes, blocking the dorsal and ventral rami of the thoracic and abdominal spinal nerves. It has been previously used for reconstructive breast surgery, however, to our knowledge,this is the first case in which it has been used as part of a multimodal analgesic scheme.

Methods We describe a 50-year-old female, ASA II,undergoing reconstructive breast surgery with transverse rectus abdominus muscle flap under combined anaesthesia. A bilateral ESP block was performed under ultrasound guidance at the T4-T6 level in the lateral position. After visualization of the ESM and the transverse process, 20 mL of 0.5%ropivacaine were administered bilaterally, followed by induction of general anaesthesia. Surgery was completed in 4 hours and opioides were not required. Analgesia was supplemented with intravenous acetaminophen (1 g) and ceterolac (30mg).

Results Postoperative pain relief was achieved with acetaminophen every eight hours. Pain levels varied between 0 and 3 in the Numeric Rating Scale. Complications were not reported.

Conclusions The over all result was increased satisfaction of the patient and avoidance of opioids. Other studies are necessary to evaluate the ESP block as a valid alternative in breast surgery.

B99 PARAVERTEBRAL BLOCK FOR KYPHOPLASTY IN A PATIENT WITH COPD

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Background and Aims Kyphoplasty for vertebral compression fractures is a short but painful procedure especially during trocar insertion, baloon dilatatuon and cement injection. Various anesthetic techniques to control pain in elderly population are tried, but all have limitations. The following case study is to demonstrate the safety and effectiveness of a paravertebral block combined with light sedation as anesthetic method in an elderly patient with COPD.

Methods A 90 years old patient presented with a T10 vertebra fracture and was scheduled for kyphoplasty. He also had severe COPD with an FEV1<30% of normal. Intraoperative monitoring consisted of ECG, NIBP and SPO2. Supplementary oxygen with a facemask 28% at 2lt/min was supplied. Induction sedation of 1 mg midazolam, 20 mg pethidine and 0,7 mg/kg dexmedetomidine dosed within 10 min were given to the patient.

To promote airway safety a nasal airway No 7 was also placed.

After placing patient in a prone position we performed a paravertebral block with 10 ml of 10% ropivacaine at the fracture level under ultrasound guidance. Sedation with 0,7 mg/kg/hr dexmedetomidine and 0,05 mg/kg/min remifentanyl were administered during the procedure.

Results The sedation score recorded at -3, evaluated using the RASS scale. This fell under moderate sedation.