Conclusions Assessing the use of TEG in standard practice of regional anaesthesia, might lead to implementing a time-saving testing method to prevent future complications from anticoagulant medication.

B111 COMPARISON OF POSTOPERATIVE MORPHINE CONSUMPTION OF ULTRASOUND (US) GUIDED ERECTOR SPINAE PLANE BLOCK (ESPB) AND PARAVERTEBRAL BLOCK (TPVB) IN THORACOTOMY SURGERY PATIENTS

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Background and Aims Thoracotomy is associated with severe postoperative pain (1). According to several studies, paravertebral block (PVB) provides effective analgesia similar to epidural analgesia, and has a less side-effect profile (2). Recently erector spinae plane block (ESPB) has been shown to be an easier and safer alternative to PVB(3). The primary aim of this study was to compare post-thoracotomy opioid consumption between PVB and ESPB.

Methods After the approval of the local ethical committee, patients aged between 18 and 75 years with an American Society of Anesthesia (ASA) physical status I-III, and scheduled for elective thoracotomy were included in the study. Patients were divided into two groups to receive either ESPB or PVB. All patients were provided with PCA device preloaded with morphine. Postoperative 24 hour morphine consumptions were recorded.

Results Data from 45 patients were used in the final analyses. Morphine consumption was higher in the ESP group than in the PVB group at 24 hours postoperatively. (19.2 ± 4.26 mg and 16.2± 2.64 mg respectively).

Conclusions In the light of the results of this study, even there is a statistically significant difference on morphine consumptions, clinically ESPB could provide similar postoperative analgesia to PVB in thoracotomy surgeries. In addition, the significant distance from the pleura and vascular structures while performing ESPB and the presence of the transverse process as a barrier reduces the possibility of complications. We think that ESPB can be an alternative to PVB, as a part of multimodal analgesia for post thoracotomy pain.

B112 PERI-CAPSULAR NERVE BLOCK OF SHOULDER JOINT AS A MOTOR SPARING ALTERNATIVE IN ARTHROSCOPIC SHOULDER SURGERIES: A CASE SERIES

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Background and Aims Arthroscopic shoulder surgeries are frequently done with interscalene block, however it is associated with hemi-diaphragmatic paresis (HDP). Recently a pericapsular nerve block around shoulder joint has been described as a diaphragm sparing alternative. Here we report a case-series describing successful use this block in arthroscopic shoulder surgeries.

Methods The block was given preoperatively before general anaesthesia in five cases of arthroscopic Bankart’s repair. The patient was positioned in a supine position with head-end elevated and arm abducted and externally rotated. The block was performed with the linear probe placed over the shoulder capsule and injecting 20 ml of 0.5% bupivacaine between the deltoid and subscapularis muscle (Picture-1). A pre-block and post-block evaluation of the diaphragmatic excursion (DE) was measured. All patients received 2mcg/kg of fentanyl at induction of anaesthesia and patient control analgesia in the postoperative period.

Conclusions Peri-capsular nerve group block can be used as a diaphragm sparing block in shoulder surgeries. However, its non-inferiority to superior trunk block is to be proved.

B113 LEVO-BUPIVACAINE PLASMA CONCENTRATION FOLLOWING THORACIC ERECTOR SPINAE PLANE BLOCK AND THE EFFECT OF ADDED EPINEPHRINE

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Background and Aims Erector Spinae Plane block (ESPB) has at least 3 reports of probable local anesthetic systemic toxicity1–3, and few local anesthetic absorption reports since first published4–5.
Our primary goal is to measure arterial levo-bupivacaine plasma levels following thoracic ESPB, and the effect of epinephrine addition.

Methods This is a randomized controlled study on ASA I-II patients, undergoing video-assisted thoracic surgery. The study was approved by our Institutional Research Ethic Committee.

Upon written consent, patients were randomized to receive a T5 ESPB with 0.25% levo-bupivacaine 20 mL (LB) or 0.25% levo-bupivacaine plus 100mcg epinephrine, 20 mL (LB-E). ESPB was done by an experienced regional anesthetist. Patients were awake, standard monitoring, iv-line, and arterial line. After ESPB, arterial blood samples were drawn at 5, 10, 20, 30, 45, 60 y 90 minutes. Samples were transferred in EDTA test tubes, plasma was separated and kept at 5°Celsius until analyzed with HPLC technique.

All patients received a standard protocolized general anesthesis after 15 minutes of block completion.

Results 38 patients (19 LB, 19 LE-B) 18–74 years old, were studied. Overall levels and descriptive statistics are presented in figure 1 and 2. Peak arterial plasma concentrations were (median;25–75 percentile) 0.64; 0.50–1.11 mcg/mL in LB group and 0.42; 0.29–0.53 mcg/mL in LB-E group. Mann-Whitney analysis p=0.0046. There was no difference in time to peak concentration (median;25–75 percentile): 10 min;5–20 in LB, and 10 min;5–20 in LB-E. AUC calculations were different: LB 46.63 mcg/mL*min (CI95 28.08–65.17) and LB-E 27.91 mcg/mL*min (CI95 15.56–40.26).

Conclusions Adding epinephrine diminishes levo-bupivacaine arterial plasma levels after thoracic ESPB.