Parameters	Th8 level, n = 12	Th 10 level, n = 7	P value
Age, years	71± 7.3	70 ± 13	0.8
Sex, males, n (%)	9	3	0.3
Body weight , kg	89.2±15	76±8.6	0.047
ASA dass, n (%)			
II	6	4	0.8
III	5	3	
IV	1	0	
1 h post operation	2.8±2	1.8±1.5	0.27
8 h post operation	3.75 ±1.4	2 ±1.4	0.02
24 h post operation	3.4 ± 1.08	1.1 ±0.9	0.0002

Abstract B130 Figure 1

Conclusions Our preliminary results show that ESPB might be effective component of multimodal analgesia after open cholecystectomies. However, block performed at Th10 level showed higher efficacy in terms of average pain intensity and pain in drainage area; further studies are needed to straighten this finding.

B131 PATIENT EXPERIENCE AND RECOVERY FOLLOWING REGIONAL ANAESTHESIA FOR ARTERIOVENOUS FISTULA SURGERY

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10.1136/rapm-2022-ESRA.206

Background and Aims Arteriovenous fistulae (AVF) remain the gold standard vascular access for haemodialysis (HD) in end-stage renal failure (ESRF) patients. Operatively they can be formed under local anaesthesia (LA), regional anaesthesia (RA) and general anaesthesia (GA). RA may confer several advantages, including AVF patency benefits compared to LA [1] and decreased hospital admission compared to GA [2]. However, RA may not be the anaesthesia modality preferred by patients. Currently our service allows a combination of LA, RA and GA, depending on patient selection and staff skill mix. We aim to explore patient experience and recovery and evaluate our service, in the RA arm.
Methods We surveyed patients that consented over a one month period prospectively, using the Quality of Recovery 15 (QoR-15) questionnaire following AVF formation under RA, a tool validated for analysis of post-operative recovery. Since each patient's experience is unique, we also supplemented the QoR-15 with three additional free text questions: 1. What did you think about your anaesthetic/nerve block?; 2. What was good about your anaesthetic/nerve block?; 3. What was bad about your anaesthetic/nerve block?.
Results There was a high frequency of 0/10 answers to questions 11. and 12. about moderate and severe pain in the 24 hours post-surgery. In addition, patients reported being pleasantly surprised by the experience, including being "very smooth" and being "able to joke" with the team.
Conclusions RA may be a good option for patients undergoing AVF formation, despite possible pre-conceptions. We aim to increase our sample size in order to better validate our results.

B132 ACL RECONSTRUCTION – IS THERE AN OPTIMAL METHOD FOR EARLY POSTOPERATIVE PAIN CONTROL?

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10.1136/rapm-2022-ESRA.207

Background and Aims Anterior cruciate ligament (ACL) reconstruction is one of the most frequent arthroscopic procedures done in orthopaedic surgery and also one of the most painful. Although arthroscopy is associated with less tissue trauma, pain during the first 24-postoperative hours is still a clinical concern. The use of central analgesics in continuous parenteral infusion were associated with nausea, vomiting and longer hospital stay. Peripheral nerve blockade became a superior method in orthopaedic surgery. Concerning the fast mobilization as a mainstay in this kind of surgery, an "optimal" block would be predominantly sensory. The aim of this study is to investigate the success rate of preoperative ultrasound-guided peripheral nerve blockade using low dose of local anesthetic.
Methods 150 patients scheduled for the ACL reconstruction will be included in this study. They will be uniformly anesthetized and randomized between three groups: intravenous and two models of regional analgesia. Adductor canal block is combined with sciatic or i-pack block. Postoperative pain control, adjuvant use of intravenous analgesics, motor weakness of the quadriceps muscle, postoperative nausea, foot flexion and patient satisfaction were measured.
Results Statistical analysis was performed with variance analysis, T-test and χ^2-distribution. Adductor canal block in combination with sciatic nerve block reduces quadriceps motor weakness with sufficient postoperative analgesia, but foot flexion is slower. Combination with i-pack block is motorless and analgesically equally effective.
Conclusions We found this technique and dosage optimal for this and similar procedures, but more clinical trials are needed.

B133 MODIFIED IPACK BLOCK AND BLOCKADE OF THE VASTUS LATERALIS AND ANTERIOR FEMORAL CUTANEOUS NERVE BRANCHES IN TOTAL KNEE ARTHROPLASTY

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10.1136/rapm-2022-ESRA.208

Background and Aims Total knee arthroplasty (TKA) is associated with severe pain postoperatively (po). IPACK block can reduce pain and opioid consumption after TKA by covering all the articular branches of the knee with the exception of the Nerve to vastus lateralis (NVL), vastus intermedius (NVI) and branches of vastus medialis nerve (1–2). The blockade of the anterior femoral cutaneous nerve (ACFN) branches has also demonstrated an improvement in outcomes (3).
Methods We aim to evaluate the recovery and opioid consumption of five patients undergoing TKA following the same anaesthetic protocol. This included a 2 injections blockade of the knee. The first injection consisted of an IPACK block