supplemented with a sub-sartorial deposition of LA to ensure the saphenous nerve blockade. The second injection included the blockade of NVL, NVI and the AFCN branches. Recovery was assessed by ‘Quality of recovery’ score (QoR15) (4) preoperatively, on day 1, 2 and 7 po.

**Results** The time spent in moderate pain was reduced at all po time points compared with preop. The time spent in severe pain at 24 and 48 hours was not increased compared with preop. Three of the five patients required no rescue opioids. Among the others median oral morphine milligram equivalent was 50mg within 48h. All patients were mobile within the first 24h.

**Results**

**Abstract B133 Figure 1**

**Abstract B133 Figure 2**

**Conclusions** The combination of modified IPACK, VLN, VIN and ACFN branches blockade as part of a multimodal analgesia reduced the time of moderate pain reported and did not increase the time spent in severe pain. It allowed for early ambulation with low opioid consumption.

**B134**

**PERIPHERAL NERVE BLOCK FOR POSTOPERATIVE ANALGESIA IN OBSTETRIC CASES UNDERGOING CAESAREAN SECTION**

C Sousa, D Gonçalves*, G Norte, C Sampaio, S Caramelo. Anesthesiology Department, Centro Hospitalar Trás-os-Montes e Alto Douro, Vila Real, Portugal

**Background and Aims** After cesarean section (CS), moderate to severe pain scores are expected, which compromises recovery and increases the risk of developing chronic pain.

The neuraxial approach is the most frequently used technique to provide anesthesia and postoperative analgesia to the parturient. However, it is estimated that about 6% of CS are performed under general anesthesia (GA), particularly in cases where the neuraxial approach is contraindicated. In these women, peripheral nerve blocks (PNB) may play a particularly important role as part of a multimodal analgesia strategy.

This study aims to compare the effectiveness of transverses abdominis plane (TAP), quadratus lumborum (QL) and ilioinguinal-iliohypogastric blocks (IL-IH) in women undergoing GA for CS.

**Methods** A retrospective study was performed including women from 2013 to 2022 who underwent GA for CS combined with a PNB for postoperative analgesia. The efficacy of TAP, QL and IL-IH blocks was compared. This work was approved by the ethics committee.

**Results** A total of 28 women were enrolled for this study. At 24 hours after surgery, at rest, 75% of women experienced no pain, 14% mild pain and 11% moderate pain. Evaluating the presence of pain with movement, 11% presented no pain, 61% mild pain, 21% moderate pain and 7% severe pain. Comparing the different types of PNB performed, no differences were found.

**Conclusions** PNB can be an important tool in managing postoperative analgesia in women undergoing CS, particularly when neuraxial analgesia cannot be realized. The results of this work suggest that QL, TAP and IL-IH blocks provide comparable postoperative analgesia.

**B135**

**PERIPHERAL NERVE CATHETER POSTOPERATIVE CARE**

Y Mustafa*, K Ndu, N Akhtar, A Shalaby, A Dunn, D Pascu, B Smith. Royal Orthopaedic Hospital, Birmingham, UK

**Background and Aims** The benefits of peripheral nerve catheters are well documented [1]. They include superior analgesia, patient satisfaction and functional recovery, as well as reduction of joint inflammation and chronic pain development. Although the acute pain service has been suggested as being able to manage catheters on the ward [2], we aimed to investigate their postoperative management at our hospital.

**Methods** After catheter insertion in March 2022, the anaesthetist completed a short online survey (http://blox tube). The surgical procedure, site and postoperative care instructions were recorded. We also surveyed the ward staff to assess their confidence in managing nerve catheters and methods to improve this.

**Results**

We received 27 responses. 48.2% catheters were inserted for total knee replacements, 25.9% for lower limb amputations and 22.2% for shoulder procedures. 62.1% were femoral, 13.8% were sciatic and 20.7% were interscalene nerve catheters. In 81.5% of cases, there was only a prescription. In 11.1% there was an accompanying note scheduling catheter removal for the following day at 6am and in 7.4% there was an instruction on the anaesthetic chart to remove in 24–48 hours. 18 ward nurses, doctors and physiotherapists were surveyed. They had a median confidence of 55% [IQR 22.5–80%] in managing nerve catheters and 88.9% felt a care protocol would be useful.

**Conclusions** There is widespread inconsistency in managing peripheral nerve catheters on the wards with a lack of communication between the anaesthetic and ward teams in most cases. A peripheral nerve catheter care protocol and record protocol would be useful.