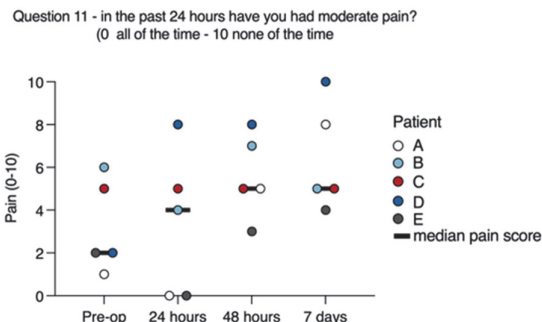
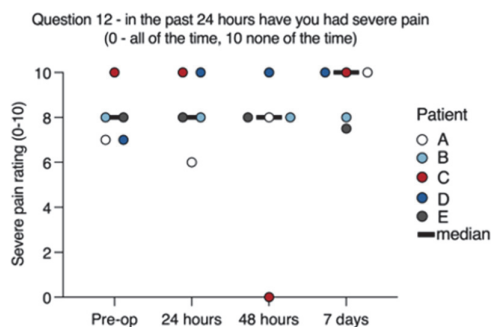


supplemented with a sub-sartorial deposition of LA to ensure the saphenous nerve blockade. The second injection included the blockade of NVL, NVI and the AFCN branches. Recovery was assessed by 'Quality of recovery' score (QoR15) (4) pre-operatively, on day 1, 2 and 7 po.

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.



Abstract B133 Figure 1



Abstract B133 Figure 2

Conclusions The combination of modified IPACK, VLN, VIN and AFCN 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

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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

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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

with clear instructions regarding management and escalation pathways is required.

B136 QUADRATUS LUMBORUM BLOCK FOR POSTOPERATIVE ANALGESIA AFTER CAESAREAN SECTION

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Background and Aims Pain after cesarean section (CS) has a somatic and a visceral component. Insufficient pain control in the postoperative period compromises recovery and increases the risk of developing chronic pain. The quadratus lumborum block (QL) is a fascial plane block with a potential capability to provide visceral and somatosensory analgesia. This effect is probably due to the spread of the local anesthetic beyond the transversus abdominis plane into the paravertebral space.

The aim of this study was to compare the analgesic efficacy of QL block with the transversus abdominis plane (TAP) and the ilioinguinal-iliohypogastric (IL-IH) blocks in women undergoing CS.

Methods A retrospective study was performed including women from 2015 to 2022 who underwent spinal anesthesia for CS combined with QL, TAP or IL-IH blocks for postoperative analgesia. The effectiveness of QL, TAP and IL-IH blocks was compared by using pain scores and requirement of rescue analgesia. This work was approved by the ethic committee.

Results A total of 255 women were enrolled for this study. At 24 hours after surgery, at rest, 97% of women experienced no pain or mild pain and 3% moderate pain. In movement, 75% presented no pain or mild pain, 21% moderate pain and 4% severe pain. Comparing the different blocks performed, no differences were found.

Conclusions Nerve block techniques as part of a multimodal analgesia strategy is associated with reduced pain scores in parturients undergoing CS. The results of this work suggest that QL, TAP and IL-IH blocks provide comparable postoperative analgesia.

B137 WHEN GENERAL ANESTHESIA ISN'T PLAN A – CASE REPORT IN A PATIENT WITH IDIOPATHIC CARDIOMYOPATHY

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Background and Aims Cardiac disease represents a challenge to anesthetists, particularly pathologies associated with low ejection fraction. Anesthetic management should focus on preventing intraoperative hypotension and increases in afterload and heart rate, while maintaining adequate levels of anesthesia. Central neuraxial blockade reduces afterload and improves cardiac output but is associated with hypotension. Regional anesthesia is associated with minimal hemodynamic changes while reducing pain and its side effects, namely increased myocardial work and oxygen demand, tachycardia and systemic vascular resistance.

Methods 43 years-old man, scheduled for femoral nailing and tibial osteosynthesis. Past history of idiopathic cardiomyopathy and a diagnosed ejection fraction of 23%, implanted CRT-D, and on the waiting list for a heart transplant. The defibrillating function was disabled preoperatively. Ultrasound guided femoral, obturator and sciatic nerve blocks were performed using ropivacaine 0,375%. A selective spinal block was performed with 5 mg of bupivacaine.

Results The patient was stable intraoperatively and then admitted to ICU for 24 hours, with an uneventful postoperative recovery. Reported pain management was satisfactory.

Conclusions A patient-centered, individualized anesthetic plan must consider patients' comorbidities. Regional anesthesia plays an essential role in the management of patients with cardiovascular disease, as part of the analgesic plan and as a safer alternative to general anesthesia, avoiding its well-reported side effects. Peripheral nerve blocks can be used together with selective neuraxial blockade, reducing local anesthetic doses and sympathetic blockade.

B138 EFFICACY OF BUPRENORPHINE AS ADJUVANT IN PERIPHERAL NERVE BLOCKS DURING TOTAL JOINT ARTHROPLASTY: A NARRATIVE REVIEW AND SYNTHESIS OF THE EVIDENCE

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Background and Aims The duration of peripheral nerve block (PNB) is of critical importance in the pain trajectories of total joint arthroplasties (TJA). Rebound pain increases opioid consumption and worsens the patient's functional outcome.¹ Continuous PNBs have a failure rate of 20% to 50% and they are associated with complications such as systemic local anesthetic toxicity, local infection, nerve irritation, and an increased risk of postoperative falls.² Among the alternatives studied to improve PNB analgesia, buprenorphine, a partial μ -opioid receptor agonist and weak κ -opioid receptor antagonist, has a good efficacy and safety profile.³ The objective of this narrative review is to summarize the evidence about buprenorphine as perineural adjuvant to prolong analgesia after TJA.

Methods Approval from the ethical committee was not necessary for this narrative review. Two independent reviewers searched several databases (Pubmed, Embase) for articles related to the use in TJA (hip, knee, shoulder) of buprenorphine as a perineural adjuvant in PNB with or without other adjuvant molecules. Articles included were those published through March 2022 and in English.

Results 5 randomized clinical trials (RCT) were identified (Table 1). 3 trials for TKA, 1 for TSA and 1 trial for both THA and TKA. In all these 5 RCT, buprenorphine is used perineurally with local anesthetics in nerve blocks. Perineural buprenorphine alone or in combination with other adjuvants globally improve postoperative analgesia without increasing side effects such as postoperative nausea.