

Pain thresholds in the warm (painful warm) and the cold (painful cold) temperature were lower in CD patients in both the upper and the lower limb compared to controls. There was a statistically significant difference between the two groups regarding the cold pain threshold ( $16.4^{\circ}\text{C} \pm 7.5^{\circ}\text{C}$  και  $12.1^{\circ}\text{C} \pm 9.0^{\circ}\text{C}$ ,  $p=0.023$ ) and a trend for a statistically significant difference regarding the warm pain threshold ( $41.9^{\circ}\text{C} \pm 3.2^{\circ}\text{C}$  και  $43.3^{\circ}\text{C} \pm 3.3^{\circ}\text{C}$ ,  $p=0.067$ ) in the upper limb.

**Conclusions** Asymptomatic young CD patients show abnormal pain thresholds compared to healthy controls. Cohort studies are needed to describe the natural history of neuropathic pain and PN development in these patients.

### B186 EVALUATING THE TIMINGS OF REGIONAL ANAESTHESIA FOR RIB FRACTURES TO INFORM SERVICE IMPROVEMENT WITHIN AN ESTABLISHED CHEST TRAUMA PATHWAY

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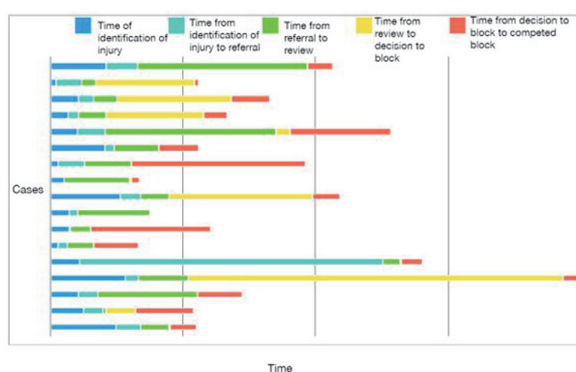
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**Background and Aims** We have established a multi-disciplinary chest trauma pathway within our hospital which includes guidelines for regional anaesthesia. This service is currently supported by the on-call anaesthetic team, resulting in an increased emergency theatre workload. We sought to evaluate timings of admission, referral, review, and placement of regional anaesthesia to inform service improvement.

**Methods** 38 patients with “rib fractures” or “chest injury” were identified via the TARN (trauma audit and research network) database over a 3 month period (Oct- Dec 2021). Exclusions included age <18, isolated sternal fracture, and direct transfer to the major trauma centre (MTC).

**Results** Patients had an average age of 74, Rockwood frailty score of 3.6. 40% of cases presented on weekends or bank holidays, 34% out of hours (17:00–08:00 Monday-Friday) with only 26% presenting during normal working hours (Monday-Friday 08:00–17:00). The mean time from referral to review was 5 hours 26 minutes (range 22 minutes to 21.5 hours) with an average time to block placement an additional 5 hours 40 minutes (range 33 minutes to 22 hours). Most blocks were performed out of hours (33% weekday night, 17% weekend day, and 28% weekend night), with only 22% during weekday daylight hours.

A graph showing the breakdown of time from identification of chest injury to completed block.



Abstract B186 Figure 1

**Conclusions** The majority of referrals and blocks are performed out of hours which can introduce significant delays. We aim to implement a dedicated block service for catheter insertion during daylight hours, and provision of single-shot blocks out of hours with a view to improving early access to regional anaesthesia for chest trauma.

## Case report

### B187 SUCCESSFUL OUTCOME OF SPINAL ANAESTHESIA IN A PATIENT WITH A HISTORY OF SCORPION STING AND FAILED SPINAL ANAESTHESIA

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**Background and Aims** Scorpion stings can cause failure of spinal anaesthesia(1). We report a case of successful spinal anaesthesia with bupivacaine laced with adjuvant drugs in a patient with history of scorpion sting and failed spinal anaesthesia.

**Methods** A 26 years old gentleman with a history of scorpion sting at 2, 20 and 21 years of age was operated twice for fracture of right femur and left tibia . First time he was administered general anaesthesia after the failure of spinal anaesthesia with bupivacaine and fentanyl. 3 days later, he was operated again for tibial plating. This time, he was administered spinal anaesthesia with a combination of 1.5 ml of 0.5% bupivacaine heavy, 1.5 ml of 5% lignocaine heavy, 15mcg of clonidine (0.1 ml) and 7.5% sodium bicarbonate(0.2 ml) to make a total volume of 3.3 ml. Spinal anaesthesia was successfully established.

**Results** The scorpion toxins cause repetitive action potentials and persistent depolarization of sodium channels in nerve axons(2,3). An antigen-antibody response also may cause competitive antagonism of sodium channels.(1) We are not clear whether there is remodelling of the receptor resulting in resistance to local anaesthetics. Our presumption was that adjuvants can enhance the action of local anaesthetics and reverse this mechanism.

**Conclusions** In our patient with a history of scorpion sting and failed spinal anaesthesia, either one or a combination of the ingredients added to bupivacaine resulted in successful spinal anaesthesia.

### B188 ERECTOR SPINAE PLANE BLOCK FOR SCAPULECTOMY – A SUCCESSFUL APPROACH

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**Background and Aims** A shoulder surgical approach for total scapulectomy involves extensive anterior and posterior incisions, which affects C5-T5 dermatomes. An analgesic approach to the brachial plexus is insufficient, paravertebral or thoracic epidural blocks are more invasive and pectoral and serratus blocks cover only the anterolateral chest wall. The erector spinae plane block (ESPB) allows analgesia of the anterior, lateral