Conclusions Ultrasound guided regional anaesthesia is a game changer technique for breast surgery cases where general anaesthesia effects are undesirable, potentially mitigating risks in patients with major cardiovascular disease.

She presented 4 weeks later for a left mastectomy. Opioid-free anaesthesia was the chosen approach. IV induction was performed with midazolam 2mg and propofol 300mg then an LMA was inserted. Ultrasound-guided left pectoralis I+II blocks were performed using 0.5%L-bupivacaine 30 ml. Paracetamol 1g, diclofenac 75 mg, and ketamine 20mg were administered prior to skin incision. Dexmedetomidine infusion was administered throughout the surgery (1.5mcg/kg/h). Anaesthesia was maintained with sevoflurane whilst breathing spontaneously. In PACU patient reported postoperative pain 2/10 then discharged to ward after 30 minutes. Regular oral paracetamol, diclofenac and breakthrough tramadol 100mg orally were prescribed. The following day she reported being more comfortable compared to her previous surgery.

Results

Abstract B208 Figure 1

Conclusions

• After excluding surgical reasons, FIH should be considered in all patients with refractory pain despite escalating doses of fentanyl.
• Ketamine as a suitable rescue strategy, multimodal analgesia and opioid-free anaesthesia should all be considered on suspicion of FIH.

Background and Aims The erector spinae plane (ESP) block is a regional technique associated with a multimodal approach that has shown a significant reduction in immediate postoperative pain and shorter hospital stay following lumbar spine surgery. Although it has been described as a technique of moderate or low complexity, several factors can make it difficult to use (lumbar approach, high body mass index, and anatomical abnormalities of the spine). This report describes the...