



Abstract B207 Figure 3 Intra operative view

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.

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MANAGEMENT OF A RARE CASE OF FENTANYL INDUCED HYPERALGESIA (FIH) UNDERGOING RE-EXCISION MASTECTOMY FOUR WEEKS LATER: A CASE REPORT

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Background and Aims Managing Fentanyl Induced Hyperalgesia (FIH) twice in the same patient.

Methods 43 years old ASA1 female, with unremarkable surgical history, underwent wide local excision of the left breast following the diagnosis of intraductal carcinoma. Intraoperatively she received paracetamol 1g, diclofenac 75mg and fentanyl 200mcg. The surgery was uneventful. In PACU she reported "worst pain of my life". Surgical complications were excluded. Her pain score remained 10/10 despite administering fentanyl 25mcg increments (Total 125mcg). Her pain decreased to only 7/10 after 25mg pethidine increments (Total 100mg). Finally, after administering ketamine 20mg and midazolam 2mg, the pain completely subsided. She was discharged home on oral paracetamol and diclofenac.

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 pain-relief tramadol 100mg orally were prescribed. The following day she reported being more comfortable compared to her previous surgery.

Results

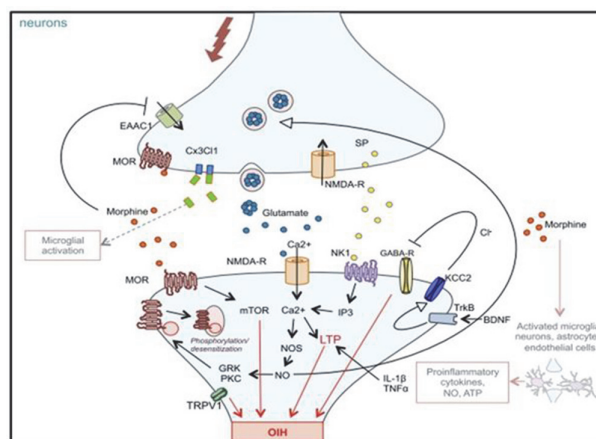


Fig 1 Showing molecular mechanisms and neuronal pathways involved in Opioid Induced Hyperalgesia (OIH). Opioids can block glutamate receptor EAAC1 involved in glutamate capture. Increased synaptic concentrations of glutamate play an important role in OIH via NMDA receptor activation. This explains theory behind use of Ketamine (NMDA receptor antagonist) for rescue pain relief in OIH. Adapted from Roedel L-A et al. Opioid-induced Hyperalgesia: Cellular and molecular mechanisms. *Neuroscience* (2016) with copyright permission.

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.

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FLUROSCOPY AND ULTRASOUND GUIDED ERECTOR SPINAE PLANE BLOCK FOR POSTOPERATIVE ANALGESIA IN LUMBAR SPINE FUSION: A CASE REPORT

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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