Results Both patients and surgeons reported proper surgical conditions and long-lasting postoperative analgesia (72 hours). There were no requests for additional analgesia and PCAs use was minimum. Patients reported satisfaction with analgesic treatment.

Conclusions Multiple peripheral nerve blockades are an efficient and safe alternative for lower limbs amputation, being more convenient and safer than general anesthesia and neuraxial anesthesia in selected patients. A good performance in ultrasound-guided regional anesthesia is required(2). Multiple peripheral nerve blockades are recommended as an anesthetic technique for lower limbs amputations in selected patients.

B218 UNCONTROLLED AUTONOMIC DYSREFLEXIA AND ANAESTHESIA: COULD CONTINUOUS SPINAL BLOCK BE A SOLUTION? A CASE REPORT


Background and Aims Autonomic dysreflexia usually occurs in patients with chronic spinal injuries above T6 level when subjected to provoking situations. Perioperative complications such as severe hypertension and bradycardia are a concern. Urologic interventions are main stress factors for inducing such events. Several studies state the benefit of regional anaesthesia in preventing autonomic dysreflexia. However, maintenance of hemodynamic stability may be more difficult to achieve using single shot spinal block. This report describes for the first time the use of a successful continuous spinal block for cystoscopy and blood clots evacuation in a patient who developed uncontrolled autonomic dysreflexia in a previous intervention.

Conclusions Continuous spinal block may be a good anaesthetic choice for patients with poorly controlled autonomic dysreflexia when subjected to urologic interventions.

B219 BLOCKS FOR BILATERAL SHOULDER SURGERY


Background and Aims A 23-year-old male patient with epilepsy presented with bilateral shoulder fracture dislocations following a generalised tonic-clonic seizure. Multidisciplinary decision was for bilateral shoulder open reduction and internal fixation.

Abstract B219 Figure 1

Bilateral interscalene blocks can lead to complete diaphragmatic paresis. To minimize this complication, we decided to perform bilateral single-shot superior (upper) trunk and interpectoral plane blocks for postoperative analgesia.

Methods A 50 mm, 20-gauge needle was used to deliver 0.375% levobupivacaine with 1:300,000 adrenaline under ultrasound guidance. The superior (upper) trunk of each brachial plexus was surrounded with 5 millilitres to avoid proximal spread to the phrenic nerve. Interpectoral plane block was then performed with 8 millilitres. Diaphragmatic paresis was assessed using ultrasound.

Abstract B219 Figure 2

Results The combined regional blockade in this patient was satisfactory. Both blocks were performed without complications. The patient was extubated without any compromise of respiratory function and analgesic efficacy.

Conclusions This combined technique provided good analgesia for bilateral shoulder surgery without causing diaphragmatic paresis (1, 2).