Abstracts

B217

Local anesthetic distribution Sciatic nerve (ScN)

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


10.1136/rapm-2022-ESRA.293

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


10.1136/rapm-2022-ESRA.294

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.

Methods

A 70 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.

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).