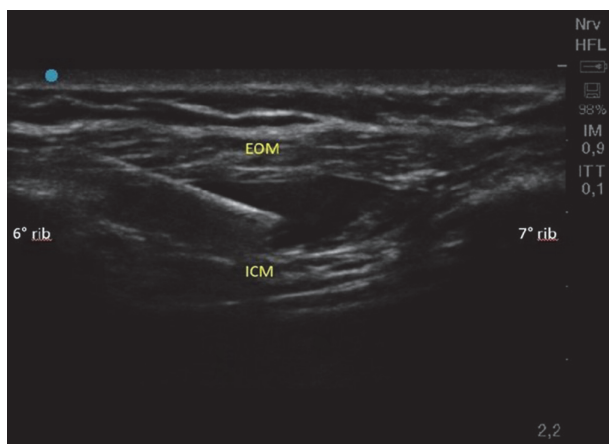


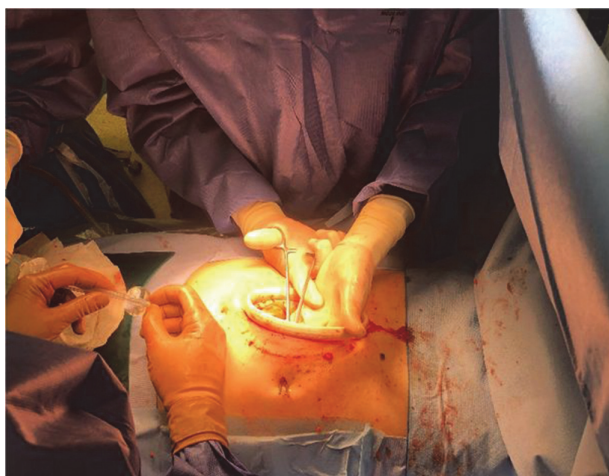
Background and Aims A 59-year-old male patient affected by amyotrophic lateral sclerosis (ALS) was scheduled for open gastrostomy. He was tetraplegic with preserved sensitivity, breathing spontaneously and supported by NIV for 6 hours/night. The purpose of this report is to show the efficacy of the external oblique intercostal block in upper abdominal wall surgery.

Methods We placed a high-frequency probe (6–12MHz) in sagittal orientation along the mammillary line at the level of the 6th rib with the patient in supine position 30 minutes before surgery. A 21G x 80mm needle (Pajunk Sonoplex) was advanced in plane in cranio-caudal direction. We injected ropivacaine 15 ml 0.5% bilaterally opening the fascial plane between the intercostal and external oblique muscles, aiming for the anterior and lateral cutaneous branches of intercostal nerves T6 to T9/10.



Abstract B225 Figure 1

Results During 80-minute surgery, the patient maintained spontaneous ventilation with supplemental oxygen (3 l/min). Comfort was provided by light sedation with propofol in TCI 1.0–1.4 µg/ml (*Schmider*) and staggered administration of fentanyl 150 µg. He remained hemodynamically stable and pain-free in the intra and immediate postoperative period with 1g IV acetaminophen 8-hourly and no rescue analgesia.



Abstract B225 Figure 2

Conclusions The external oblique intercostal block is a recent fascial plane block for multimodal analgesia in the context of upper abdominal surgery and may be more effective than sub-costal TAP block for the upper lateral abdominal wall. It is a safe technique due to the easy sonoanatomy and bony back-stop and could be particularly valuable in frail patients or when general anesthesia and myorelaxation may be harmful.



Abstract B225 Figure 3

B226 ANALGESIA FOR HIP SURGERY WITH CONTINUOUS PENG BLOCK IN A FRAIL PATIENT

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Background and Aims Postoperative pain management in older patients is challenging due to several factors, including disease related changes in physiology and disease-drug and drug-drug interactions (1). Inadequate treatment of pain is associated with undesired effects (2). However, the use of opioid drugs may also lead to complications in older patients (3).

Pericapsular nerve group (PENG) block is a novel block that targets articular branches of the accessory obturator nerve and femoral nerve, which has been shown to have a major role in the innervation of the hip capsule (4). In this case, we describe our experience with the continuous PENG block in an elderly patient.

Methods A 77-year-old ASA III woman with Alzheimer's and Parkinson's diseases was presented for hip surgery because of fracture. Following general anesthesia induction, PENG block was performed using an 80 mm needle with ultrasound guidance; 20 mL, 0.25% bupivacaine was injected in the space between the psoas tendon and the iliopubic eminence. At the end of the surgery, a catheter was inserted and infusion of 8 mL/h 0.1% bupivacaine was started, in addition 1 gr paracetamol and 20 mg tenoxicam was administered IV.

Results Patient was pain free in the postoperative 48 h period. No additional analgesic drug was needed and infusion was stopped after 48 h.

Conclusions This case showed that continuous PENG block via catheter provided pain free analgesia without the need of opioids in an elderly patient. However, we think that future randomized controlled trials are needed.