

Background and Aims The aim of our study is to assess the effectiveness of serratus anterior block and placement of a catheter for continuous analgesia, in a female patient with fractures of the 4th, 5th and 12th rib and pneumothorax on the same side, who suffered from severe, refractory pain, after a fall of a height of 3,5 meters.

Methods Under sonographic guidance the landmarks for serratus anterior block were identified: latissimus dorsi and serratus anterior muscles. Using a Contiplex needle, 80mm and 18G and an in plane approach and after hydrodissection with dextrose to confirm that the needle tip was placed in the interfascial space 30 mls ropivacaine 0,2% were injected. A catheter was then advanced through the needle and an infusion pump including 200 ml ropivacaine 0,2% with an infusion rate of 5 ml/h was used in order to achieve continuous analgesia.

Results Immediately after performing the serratus block, a significant improvement regarding the pain was observed and the NRS was reduced from 8/10 to 2/10. During the follow up, the infusion rate remain stable and a total of three bolus doses with 20 ml ropivacaine 0,1% were performed, at the 1st, 2nd and 3rd based on the NRS of the patient. On the 4th day, NRS was 1/10 and the catheter was decided to removed. The patient was free of pain and fully satisfied with our intervention.

Conclusions The serratus block with placement of a continuous nerve block catheter comprises a safe and effective method for analgesia in patients with rib fractures.

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PROLONGED ERECTOR SPINE PLANE BLOCK AS AN EFFECTIVE METHOD OF REDUCING CHRONIC PAIN AFTER SPINE SURGERY

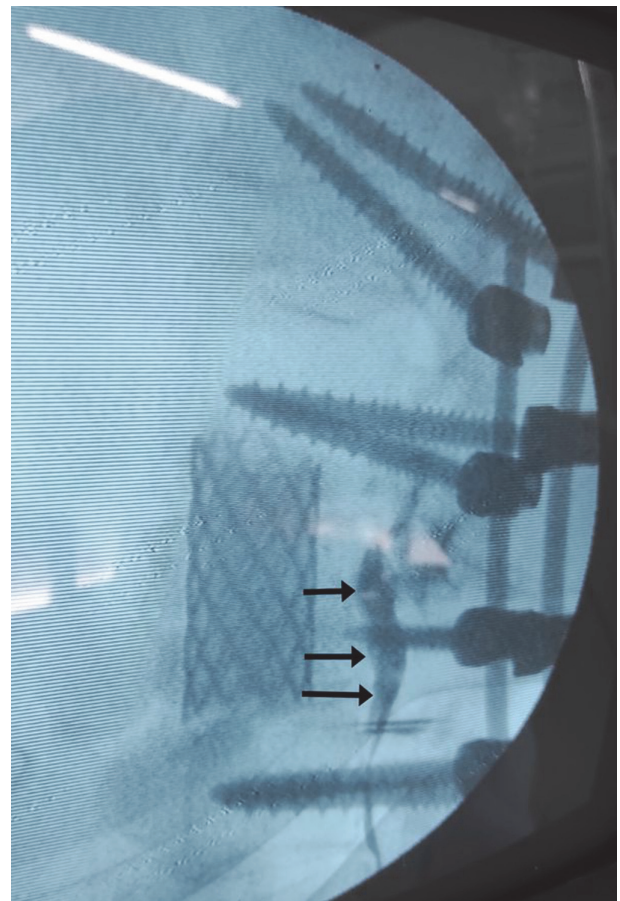
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10.1136/rapm-2022-ESRA.305

Background and Aims Osteochondrosis is one of the most common causes of back pain. Methods of its treatment range from conservative to complex transpedicular fixations of spine with decompression. In the most difficult cases, despite adequate surgery, pain might return with no less intensity. Aim: reduce the intensity of chronic postoperative pain by prolonged ESP-block.

Methods Patient after posterior metal-autospondylosis Th11-L4 was admitted with muscular-tonic syndrome of musculus iliopsoas, plexopathy of the right lumbar plexus with severe pain. Under X-ray control, a Tuohy 18G needle was inserted toward the L2 transverse process, then 20G catheter was passed through the needle under the erector spine muscle at a distance of 2 cm from the tip of the needle. To verify the location of the catheter tip and the spread of the anaesthetic, 10 ml of yogexol was injected through the catheter and an X-ray was taken.

7-day patient-controlled infusion of 0.25% bupivacaine followed. Outcomes: visual analogue scale scores at rest (VASr) and movement (VASm), mechanical pain thresholds before ESP-block (MPTb) and 7 days after catheter removal (MPTa).



Abstract B231 Figure 1

Results VASr and VASm before catheterisation - 6 and 8 respectively, during infusion - 2 and 3, 7 days after catheter removal - 3 and 4. MPTb - 61,7 gr/mm², MPTa - 52,6 gr/mm².

Conclusions Erector spine plane block can be used to treat severe pain despite its etiology. The use of X-rays to perform blockade can be an alternative technique during this procedure for patients in case ultrasound imaging is technically difficult or impossible due to different reasons.

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CONTINUOUS SPINAL ANESTHESIA FOR XYPHO-UMBILICAL INCISIONAL HERNIA SURGICAL REPAIR: A CASE REPORT

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10.1136/rapm-2022-ESRA.306

Background and Aims Continuous Spinal Anesthesia (CSA) produces and maintains spinal anesthesia by titrating small doses of local anaesthetic into the subarachnoid space.

Methods 80 year-old-male, ASA 3, grade 2 obesity, with moderate OSA and restrictive pulmonary disease, arterial