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 interfacial 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.

B231 PROLONGED ERECTOR SPINE PLANE BLOCK AS AN EFFECTIVE METHOD OF REDUCING CHRONIC PAIN AFTER SPINE SURGERY

1,2M Barsa*, 1Danylo Halytsky Lviv National Medical University, Lviv, Ukraine; 2Public Health Care Institution “Yuriy Semenyuk Rivne Regional Clinical Hospital” supervised by Rivne regional council, Rivne, Ukraine

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-autospondylodesis 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 yoyegol 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).

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.

B232 CONTINUOUS SPINAL ANESTHESIA FOR XYPHO-UMBILICAL INCISIONAL HERNIA SURGICAL REPAIR: A CASE REPORT

1W Camillo-Alfonso, 2C Cruz Fereira*, 3M Ramón Pérez. 1Centro Hospitalar Universitário do Algarve, Faro, Portugal; 2Centro Hospitalar e Universitário do Porto, Porto, Portugal; 3Hospital Senhora da Oliveira, Guimarães, Portugal

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
A SUCCESSFUL HEARING RECOVERY AFTER STELLATE GANGLION BLOCK FOR SUDDEN SENSORINEURAL HEARING LOSS

HJ Park*, J-H Seo, JY Kim, BW Kim. College of Medicine, The Catholic University of Korea/ Seoul St Mary's Hospital, Seoul, Korea, Republic of

Background and Aims SSNHL (sudden sensorineural hearing loss) is common emergency in otolaryngologic clinic. Although spontaneous resolution has been reported as 32% to 65%, clinicians suppose these numbers might have been overestimated based on their experience. Moreover, if untreated with remaining hearing loss, SSNHL may cause significant depression and loss of their quality of life.

Methods A 36-year-old woman presented to our pain center complaining of incomplete recovery of hearing loss of right side of ear. Her initial audiogram demonstrated her air conduction threshold ranged between 45–65 dB and bone conduction threshold ranged between 80–50 dB while her left ear air and bone conduction threshold remained normal. We performed three sessions of right sided SGB with 2 weeks interval to the patient under ultrasound.

Results After 2 sessions of SGB, patient experienced subjective recovery of hearing loss, confirmed of complete recovery of hearing loss by audiogram after the 3rd sessions of SGB, the patients' audiogram was completely resolved. Both air and bone conduction threshold were less than 15 db.

Conclusions Therefore, the authors suggest that sono-guided procedure would be most adequate method of procedure of SGB to the patient with SSNHL. Adequate vasodilatation could be accounted by precise blockade of cervical sympathetic ganglion and leads to therapeutic effect of SGB on SSNHL.

Ultrasound guided SGB could be an alternative salvage therapy for patient with refractory SSNHL.

SCIATIC NERVE BLOCK IN A PATIENT WITH CONGENITAL COMPLETE HEART BLOCK

P Papalexiou*, M Spyrali, K Karpetas, S Rizopoulos, T Beskou-Kontou, E Sintou, A Siampalioti. University Hospital of Patras, Patras, Greece

Background and Aims Patients with 3rd degree AV block undergoing surgery are more likely to develop severe bradycardia and hemodynamic instability increasing the risk of perioperative complications. Regional anesthesia is preferable for these patients as it is accompanied with minimal effects on the cardiovascular system. We present a case report of a patient with complete heart block undergoing urgent lower limb surgery under peripheral nerve block.

Methods A 43 years old man was admitted for Achilles tendon rupture repair. His history revealed nothing but a congenital known 3rd degree heart block. The patient was asymptomatic even during exercise, presenting an average heart rate of 40 bpm. After a thorough perioperative evaluation we decided to proceed with surgery, using intraoperatively isoprenaline if needed and having in position a temporary cardiac pacer in a case of hemodynamic instability. The surgery was conducted after a sciatic nerve block was performed, under ultrasound and nerve stimulation guidance, in parallel. A mixture of 1% lidocaine and 0.5% ropivacaine was used, and the patient was placed in the prone position.

Results Intraoperatively the patient remained hemodynamically stable, with a nonfluctuating heart rate of 40 bpm. The surgery was completed uneventfully, with no complaints of pain or discomfort. No cardiac complications were reported in the postoperative period.

Conclusions Peripheral nerve blocks remain a safe and useful anesthetic option for high-cardiac-risk patients. They provide minimal hemodynamic changes, excellent analgesic effects and fewer perioperative cardiopulmonary complications.