

Conclusions We have practice according to OAA recommendation, they were adequately consented and they were given 48h of conservative treatment and they were followed up adequately.

Postoperative pain management

B299 A RANDOMIZED TRIAL FOR TIME TO ACHIEVE DISCHARGE CRITERIA AFTER TOTAL KNEE ARTHROPLASTY WITH POPLITEAL PLEXUS BLOCK COMPARED WITH TIBIAL NERVE BLOCK

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Background and Aims Pain management is the primary concern after total knee arthroplasty (TKA). Popliteal plexus block (PPB) is unclear for contributing to the pain relief of the posterior knee compared with a tibial nerve block (TNB). This research investigated the effect of PPB on postoperative pain outcomes and early achievement for discharge criteria compared to TNB in a non-inferior manner.

Methods We randomly assigned the PPB or TNB group to 136 patients (UMIN40054). We gave each 10 mL of 0.25% levobupivacaine as PPB or TNB combined with adductor canal block. The primary outcome was to achieve the discharge criteria (pain control with oral analgesics, knee flexion >90°, and ambulatory rehabilitation). A noninferiority test was adopted with a margin of 9 hours and outcome variables were analyzed by the two-sided Wilcoxon rank-sum test.

Results The time to accomplish discharge criteria was 45.0 (range: 24–92) hours in the PPB group and 47.5 (39–120) hours in the TNB group, whose difference of -2.0 hours (95% CI: -4.0 to 0 hours, $p=0.017$) was noninferior and superior to PPB. The postoperative dorsal and plantar strength was significantly lower in the TNB group on postoperative 6 hours; however, it was not different on 24 hours. Pain scores, knee flexion/extension ranges and the necessity of additional analgesics were comparable.

Conclusions PPB is an excellent alternative procedure for posterior knee pain management with a straightforward technique, gives superior postoperative early discharge criteria achievement and preserves foot strength compared with TNB.

B300 COMPARATIVE STUDY OF ANALGESIC EFFICACY BETWEEN PROXIMAL AND DISTAL ADDUCTOR CANAL BLOCK IN PATIENTS WITH UNILATERAL ANTERIOR CRUCIATE LIGAMENT KNEE SURGERY

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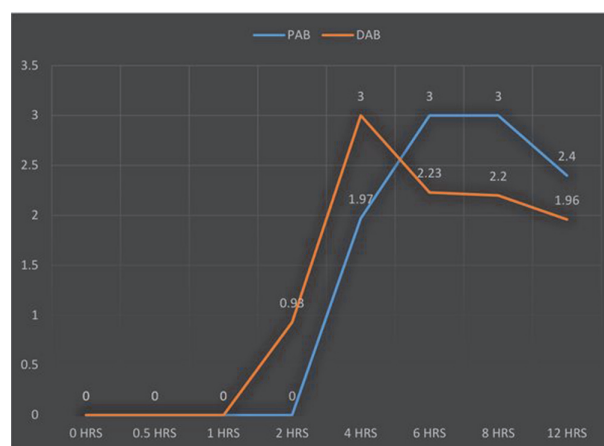
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Background and Aims Adductor Canal Blocks (ACB), a regional anesthetic technique that aims to introduce local anesthetic to the saphenous nerve as it traverses the adductor canal. By blocking pain pathways while preserving motor innervation, the ACB is an ideal candidate for anterior cruciate ligaments related pain and rehabilitation. The aim of the study is to compare the analgesic efficacy of proximal and distal Adductor Canal Block, as a part of multimodal analgesia,

using single shot Bupivacaine for postoperative analgesia, in patients undergoing elective arthroscopic ACL surgeries.

Methods A randomized controlled study was conducted with Sixty patients of ASA Grade 1 and 2, undergoing elective arthroscopic ACL surgeries were randomly divided into two groups, Group A and B. In the postoperative period Group A, received Proximal Adductor canal block, where local anesthetic was injected at the proximal end of the canal and Group B received Distal Adductor canal block, where local anesthetic was injected at the distal end of the canal, using 20 ml of 0.25% Bupivacaine, under ultrasonography guidance. The postoperative pain was assessed by a blinded investigator using 0–10 VAS score at 30 min, 1 hr, 2 hrs, 4 hrs, 6 hrs, 8 hrs and 12 hrs after the blockade.

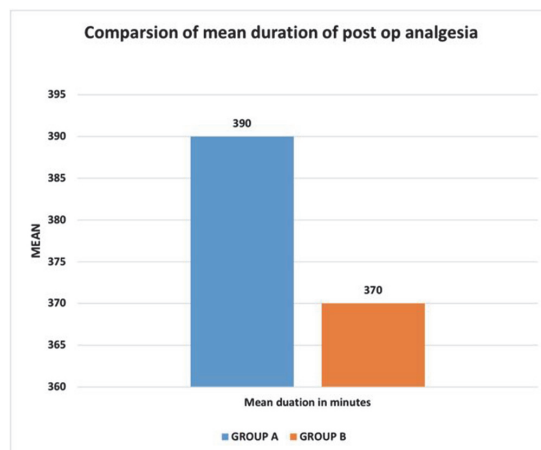
Results The mean VAS score was more in the group A compared to group B at 6 hrs and 12h which was statistically significant



Comparison of Visual Analogue Scale scores in both groups

Abstract B300 Figure 1

The mean duration of postoperative analgesia was more in group A than in group B but was not statistically significant



Abstract B300 Figure 2

Conclusions Distal Adductor canal block is superior to proximal as far as VAS score and quality of block are concerned.