Conclusions Both IV and oral APAP show modest reductions in opioid use; these results do not support the use of IV over oral APAP as oral APAP showed more of an opioid sparing effect.

**B319 CONTINUOUS LOCAL INFILTRATION ANALGESIA IS EQUAL TO FEMORAL + SCIATIC NERVE BLOCK FOR TOTAL KNEE ARTHROPLASTY**

1C Simon*, 1M Schwab, 1H Ackermann, 1L Krüerke, 1D Meininger. 1SHG Kliniken, Merzig, Germany; 2Main-Kinzig-Kliniken, Gelnhausen, Germany; 3Goethe-Universität, Frankfurt a. M., Germany

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**Background and Aims** Total knee arthroplasty is often associated with moderate to severe postoperative pain.

Sufficient pain control is crucial for fast mobilisation and reduces side effects as well as length of hospital stay.

In this context, a variety of multimodal pain control regimes show good pain relief, including several nerve blocks, iPACK and local infiltration analgesia (LIA).

We compared the analgesic potency of the LIA with the combination of continuous femoral nerve block + sciatic single shot nerve block under general anaesthesia.

Prior to the study we obtained the approval of the local ethics committee.

**Methods** We enrolled 104 ASA I - III Patients in the study divided into two groups.

The LIA-group received an intra- and periarticular infiltration containing a mix of ropivacaine, adrenaline and ketorolac, followed by an infusion of the same mixture for 48 hours via an intraarticular catheter.

The patients in the FEM-group received a combination of continous femoral nerve block with catheter and a single shot sciatic nerve block without catheter.

We analyzed postoperative pain scores during the first two postoperative days, opioid consumption, ability of ambulation and the occurrence of infections in both groups.

**Results** We could not detect any significant differences in pain scores, opioid consumption, time to first rescue analgesia and knee range of motion. No severe side effects like secondary bleeding or infections were reported.

**Conclusions** Both techniques are well established, provide equal pain relief for TKA and support early postoperative mobilisation.

**B320 A RANDOMIZED CONTROLLED STUDY TO EVALUATE EFFICACY OF ADJUVANTS DEXAMETHASONE, BUPRENORPHINE, DEXMEDETOMIDINE ADDED ROPIVACAIN 0.2% IN ADDUCTOR CANAL BLOCK FOR POSTOPERATIVE PAIN AFTER TOTAL KNEE REPLACEMENT**

1J Kurian*, 2O Biju Johny. 1Cleveland Clinic Abudhabi, Abudhabi, United Arab Emirates; 2Rajagiri Hospital, Cochin Kerala, India

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**Background and Aims** The aim of the study was to evaluate the efficacy and safety of adjuvants like dexamethasone, Buprenorphine and dexmedetomidine added ropivacaine 0.2% in adductor canal block for early postoperative pain management in patients undergoing total knee replacement.

**Methods** In our study 96 patients of ASA Iand II aged 45–75 years scheduled for unilateral TKR were recruited into the study. They were randomized into 3 groups.

Patients were given drugs as follows:

Group A: dexamethasone 8mg added to 20 ml 0.2% Ropivacaine.

Group B: Buprenorphine 0.3mg added to 20 ml 0.2% Ropivacaine.
Group C: dexmedetomidine 1mcg/kg added to 20 ml 0.2% Ropivacine

Primary outcome was the measurement pain intensity based on VAS score upto 30 hrs postoperatively also measured the total duration of analgesia by each adjuvants, rescue analgesia (opioid consumption) , quadriceps muscle weakness.

Results The patient characteristics and block success were comparable among the three groups. Group A patients had the least VAS score among the three groups. Group A had the longest duration of analgesia (group A 20.30±2.151, group B 17.95±2.057 and group C 14.67±1.446) the range of movement was also better with Group A compared to group B and group C which was stastically significant (p<0.001).

Conclusions From our study we concluded that all the three agents prolonged the duration of analgesia however the among the three agents dexamethasone had increased the effective analgesic time to a better extend compared to buprenorphine and dexmedetomidine. Furthermore Early mobilization was better with dexamethasone group compared with better range of movement.