

Methods 40 parturients undergoing caesarian section with ASA grade I,II & III were included.This is a prospective randomised singleblinded study.thepatients are divided into two groups. Group I and GroupQ. Group I received 20 ml of 0.125%Bupivacaine deposited IL-IH TAPplane .GroupQ received 20 ml of same drug deposited in TRANS MUSCULAR QL plane on both sides.An observer blinded to the block given records the VAS sores, first rescue analgesic dose &total analgesic consumption. We also observed the time taken to perform block and ease of identifying sonoanatomy

Results GROUP Q had similar VAS scores compared to GROUP I at 12 hrs. DYNAMIC VAS scores are less in GROUP Q. GROUP I received rescue analgesic after 16 hrs GROUP Q received rescue analgesic after 18 hrs.Time taken to perform block was much lower in GROUP I compared to GROUP Q

Conclusions We conclude that USguided TRANS MUSCULAR QL block provide superior analgesia compared to IL-IH TAP PLANE block.But time taken to perform block is more and there is difficulty in identifying sono anatomy comparedto IL-IH TAP PLANE.

B356

ULTRASOUND-GUIDED PERICAPSULAR NERVE GROUP (PENG) WITH DEXAMETHASONE: AN EXCELLENT OPTION FOR EARLY MOBILITY FOLLOWING TOTAL HIP ARTHROPLASTY: RETROSPECTIVE CASE SERIES

¹S Das*, ¹N Chatterjee, ²M Munjal. ¹Yeovil District Hospital, NHS, Yeovil, UK; ²Mangalam Medicity, Jaipur, India

10.1136/rapm-2022-ESRA.431

Background and Aims The primary aim was to access postoperative mobility, secondarily to measure the length of hospital stay, pain score, opioid consumption, and side effects.

Methods After ethical committee approval, a retrospective study was conducted with 50 patients who underwent primary THA. Twenty-eight patients received PENG block after spinal anaesthesia (SA) (Group-PENG), 7 patients had general anaesthesia with PCA postoperatively (Group-PCA), and the remaining 15 received SA with fascia-iliaca block (Group-FIB). The mobilisation was attempted in all patients (ability to stand and walk a few steps with a walker) after 10 hours of surgery. Data was collected for average postoperative pain score, time of mobilisation, total opioid consumption, opioid-related side effects, and discharge time from the hospital



Abstract B356 Figure 1

Results In the Group-PENG, 26 patients (n=28) were mobilised within the first 10 hours without any opioids. All other patients received average 9 +/- 2.1 mg morphine before mobilisation. The average time of discharge (hours) from the hospital (22.1 +/- 4.9) was also significantly lower in Group-PENG compared to all others (31.7 +/- 3.4, p=<0.01). Average postoperative pain score was significantly low in Group-PENG within the first 48 hours. Opioid-related complications were least in Group-PENG.

Conclusions The PENG block helps in early mobilisation and enhanced recovery after THA. It provides adequate analgesia for early mobilization and is easy to perform in the supine position after spinal analgesia.

B357

PENG BLOCK FOR POSTOPERATIVE ANALGESIA IN PATIENTS UNDERGOING SURGICAL CORRECTION OF TRAUMATIC PROXIMAL FEMORAL FRACTURES OR TOTAL HIP ARTHROPLASTY

D Gonçalves*, C Peixoto de Sousa, F Teixeira, D Morais, C Santos, G Norte. *Anesthesiology Department, Centro Hospitalar Trás-os-Montes e Alto Douro, Vila Real, Portugal*

10.1136/rapm-2022-ESRA.432

Background and Aims After surgical correction of proximal femoral fractures or total hip arthroplasty severe pain scores are expected. Insufficient pain control in the postoperative period compromises recovery and increases the risk of developing chronic pain. Pericapsular nerve group (PENG) block, described in 2018, is an interfascial plane block that targets the articular branches of the femoral, obturator, and accessory obturator nerves. Blocked branches convey nociceptive information, preserving motor function and, as such, early ambulation and active collaboration in rehabilitation programs are favored. This study aims to compare the analgesia provided by PENG block with that obtained by performing femoral nerve block or iliac fascia block.

Methods A retrospective study was performed including patients from 2018 to 2022 who underwent total hip arthroplasty or surgical correction of traumatic proximal femoral fractures. The effectiveness of PENG block, iliac fascia block and femoral nerve block was compared by using pain scores and requirement of rescue analgesia. This work was approved by the ethic committee.

Results A total of 479 patients were enrolled for this study. Comparing the different techniques of locoregional analgesia performed, no differences were found.

Conclusions The PENG block appears to be an easy-to-perform technique with the benefit of preserving motor function associated with adequate control of postoperative pain, allowing adherence to early rehabilitation programs, reducing the risk of falls and patient satisfaction.