Conclusions We observed that intrathecal Prilocaine combined with nerve blocks is a reliable technique in hip fracture surgery, offers haemodynamic stability and could improve overall survival. Further study of the use of short-acting intrathecal agents is required in comparison to traditional methods.

B420 LIMB-GIRDLE MUSCULAR DYSTROPHY 2B: REGIONAL ANAESTHESIA FOR THE WIN – A CASE REPORT

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Background and Aims We aim to present our clinical experience on the anaesthetic management of a patient with Limb-girdle muscular dystrophy 2B (LGMD 2B) undergoing haemorrhoidectomy surgery. LGMD is an inherited myopathy with an overall frequency of 1 in 15,000 to 1 in 200,000. Current reports on the anaesthetic management of these patients are scarce. These patients may have an increased sensitivity to the effect of volatile anaesthetics and neuromuscular blocking agents, with an increased risk of acute rhabdomyolysis and cardiac or pulmonary complications.

Methods The patient was a 48-year-old man with LGMD 2B who underwent Milligan-Morgan haemorrhoidectomy. Given our concerns about cardiopulmonary complications and increased risk of acute rhabdomyolysis with general anaesthesia, we proceeded with a low spinal block, also known as saddle block, using hyperbaric bupivacaine, with a backup plan of a total intravenous anaesthesia in case of a failed block.

Results The subarachnoid blockade was sufficient to provide safe anaesthesia. Haemodynamic stability was achieved throughout the entire procedure with no need of additional interventions. The surgery was completed in 1h20m without any adverse events. The patient reported high scores of satisfaction regarding the anaesthetic choice.

Conclusions Spinal anaesthesia should be considered gold standard for haemorrhoidectomy surgery in LGMD patients. In this case, safety, simplicity, and the possibility of one day surgery, were backed by a careful preoperative evaluation and intra and postoperative monitoring.