



Abstract B419 Figure 2 Postoperative Pain scores

**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<sup>1</sup> to 1 in 200,000<sup>2</sup>. Current reports on the anaesthetic management of these patients are scarce<sup>3</sup>. 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<sup>1</sup>.

**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.

#### B421 FEASIBILITY OF PRILOTEKAL FOR DAY CASE DIRECT ANTERIOR APPROACH TOTAL HIP ARTHROPLASTY (DAA THA) UNDER SPINAL ANAESTHESIA (SA)

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**Background and Aims** Prilotekal (hyperbaric prilocaine 2%) was licensed for spinal anaesthesia (SA) in the UK in 2010. The dose of 40–60 mg was shown to provide effective surgical SA for day case surgery up to 90 minutes.

While Direct Anterior Approach (DAA) may take longer than posterolateral approach for THA, it offers several advantages: being less invasive without detachment of muscles or tendons, less immediate postoperative pain, faster recovery, early mobilization without the need for hip precautions, and lower dislocation rate. All this makes DAA ideal for day case THA.

We present a series of the first three consecutive cases performed in our orthopaedic centre under SA with Prilotekal, in accordance with the established pathway for day case THA.

**Methods** In August–October 2021, three ASA 1–2 patients with advanced osteoarthritis were consented for DAA THA under SA with Prilotekal.

They underwent uneventful surgery on DAA traction table under SA and sedation with propofol TCI. Other analgesia modalities were used as per our established THA protocol.

**Results** 2/3 patients were discharged home on the same day, one – the next day. All patients made satisfactory recovery.

Hospital stay was shorter than our median hospital stay for primary THA (2.7 days) and national data (3.3–4.5 days) in 2016–2021.

Abstract B421 Table 1

Case	Background	Dose of Prilotekal (2%)	Spinal to End of Surgery Time	Spinal to Recovery of Motor Block Time	End of Surgery to Full Weight Mobilization Time	Discharge Home
1	64yo, female, 66kg, 158cm Essential hypertension & osteoarthritis	3.5ml (70mg)	2h53m	3h8m	< 5h	Day 0
2	58yo, male, 72kg, 172cm Osteoarthritis	4ml (80mg)	2h56m	3h14m	<5h	Day 1 c/o: Hypotension (SBP 91mmHg) & dizziness during physiotherapy, warranting overnight stay
3	70yo, female, 60kg, 155cm Osteoarthritis	3.7ml (74mg)	3h10m	3h20m	<5h	Day 0

**Conclusions** In selected patients, spinal anaesthesia with adjusted dose of Prilotekal to match a longer procedure, combined with sedation, is a suitable technique to provide anaesthesia for day case DAA THA. Good team work between surgical and anaesthetic teams is paramount to success.

#### B422 A COMPARISON OF SPINAL ANESTHESIA CHARACTERISTICS BETWEEN HYPERBARIC ROPIVACAINE AND HYPERBARIC BUPIVACAINE IN SUBARACHNOID BLOCK FOR LOWER SEGMENT CAESAREAN SECTION: A PROSPECTIVE RANDOMISED STUDY

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