

## Abstract B430 Table 1

Table 1. Demographics and Risk Factors for Surgical Treatment after Fractures

|   | Non-Surgical   | Surgical      | Odds Ratio 95% CI (Ref=non-surgical)* | p value |
|---|----------------|---------------|---------------------------------------|---------|
| N (%)   | 311,615 (95.6) | 14,238 (4.4)  |                                       |         |
| <b>Age group</b>  |                |               |                                       |         |
| 0-5   | 34,107 (10.9)  | 1055 (7.4)    | reference                             |         |
| 6-12  | 131,294 (42.1) | 3639 (25.6)   | 1.15 (1.07, 1.24)                     | <.001   |
| 13-18   | 113,764 (36.5) | 6521 (45.8)   | 2.11 (1.97, 2.26)                     | <.001   |
| 19-21   | 32,450 (10.4)  | 3023 (21.2)   | 3.38 (3.14, 3.64)                     | <.001   |
| <b>Gender</b>   |                |               |                                       |         |
| Female  | 133,429 (42.8) | 5242 (36.8)   | reference                             |         |
| Male  | 178,186 (57.2) | 8996 (63.2)   | 1.2 (1.16, 1.25)                      | <.001   |
| <b>Deyo Index</b>   |                |               |                                       |         |
| 0   | 273,396 (87.7) | 12182 (85.6)  | reference                             |         |
| 1+  | 38,219 (12.3)  | 2056 (14.4)   | 1.18 (1.12, 1.24)                     | <.001   |
| <b>Obesity</b>  |                |               |                                       |         |
| No  | 298,144 (95.7) | 13,402 (94.1) | reference                             |         |
| Yes   | 13471 (4.3)    | 836 (5.9)     | 1.22 (1.13, 1.31)                     | <.001   |
| <b>Opioid Naive</b>   |                |               |                                       |         |
| No  | 21016 (6.7)    | 1340 (9.4)    | 1.07 (1, 1.13)                        |         |
| Yes   | 290599 (93.3)  | 12898 (90.6)  | reference                             | 0.038   |
| <b>History of taking anti-anxiety or anti-depressant medication</b> |                |               |                                       |         |
| No  | 303295 (97.3)  | 13738 (96.5)  | reference                             |         |
| Yes   | 8852 (2.8)     | 543 (3.8)     | 1.02 (0.93, 1.11)                     | 0.746   |
| <b>Fracture location</b>  |                |               |                                       |         |
| Hand and wrist  | 107003 (34.3)  | 4279 (30.1)   | reference                             |         |
| Foot and ankle  | 84766 (27.2)   | 3317 (23.3)   | 1.02 (0.97, 1.07)                     | 0.482   |
| Forearm   | 96309 (29.0)   | 2952 (20.7)   | 1.04 (0.99, 1.09)                     | 0.143   |
| Lower leg   | 29537 (9.5)    | 3690 (25.9)   | 3.24 (3.09, 3.39)                     | <.001   |
| <b>Region</b>   |                |               |                                       |         |
| Northeast   | 61746 (19.8)   | 2397 (16.8)   | reference                             |         |
| North Central   | 67301 (21.6)   | 3704 (26.0)   | 1.33 (1.26, 1.41)                     | <.001   |
| South   | 130358 (41.8)  | 5950 (41.8)   | 1.1 (1.04, 1.16)                      | 0.001   |
| West  | 50726 (16.3)   | 2133 (15.0)   | 1.07 (1, 1.13)                        | 0.047   |
| Unknown   | 1484 (0.5)     | 54 (0.4)      | 0.86 (0.65, 1.14)                     | 0.296   |
| <b>Income Category</b>  |                |               |                                       |         |
| Unknown   | 55902 (17.9)   | 2791 (19.6)   | 1.17 (1.1, 1.24)                      | <.001   |
| <\$58,000   | 59424 (19.1)   | 2916 (20.5)   | 1.13 (1.06, 1.2)                      | 0.002   |
| \$58,000-\$76,000   | 128868 (41.4)  | 5932 (41.7)   | 1.09 (1.03, 1.15)                     | <.001   |
| >\$76,000   | 67421 (21.6)   | 2599 (18.3)   | reference                             |         |

\*A multivariable logistic regression model was created to identify risk factors for surgical treatment after fracture including age, gender, Deyo comorbidity burden, obesity, history opioid use, history of anti-depressant or anti-anxiety medication use, fracture location, region, and household income level.

**Conclusions** Our study demonstrates a number of demographic variables that are independently associated with the use of a surgical approach to repair pediatric fractures. The significance of a number of these findings could highlight the stark differences and disparities in fracture care for pediatric patients in the United States.

### B431 LATERAL ERECTOR SPINAE PLANE BLOCK FOR LENGTHENING OF GROWING SPINAL RODS AFTER PREVIOUS SPINAL INSTRUMENTATION IN CHILDREN. CASE SERIES

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**Background and Aims** Ultrasound guided erector spinae plane block (ESPB) is very effective means of pain relief for spinal surgeries. Some pediatric patients need their spinal surgeries at earlier age, and due to further growth, they need various additional procedures, most often, lengthening of metal rods. These instrumentations make the visualization of a transversus process very difficult or impossible. Since June 2019 we have been using more lateral approach for this successful nerve blockade, where we used a rib as a landmark structure instead of transversus process. We have called this block Lateral ESPB (LESPB).

**Methods** After approval from the local ethical committee, we identified medical records of patients who received LESPB since June 2019. On one side we performed Lateral ESPB and we injected local anaesthetic more laterally where shadow of the rib could be seen. On contralateral side, where

transversus process could be visible we proceed with conventional ESPB.

**Results** We found 6 patients who fulfilled our criteria. Pain scores in recovery 1 and 6 hours after a surgery were 0 except one patient who had pains score 5, 1 hour after surgery, but no intervention was needed. No opioids were used in first 6 hours in any patient and 3 out of 6 patients (50%) received no opioids postoperatively.

**Conclusions** From our very limited experience we can conclude that Lateral ESPB is valuable block which can provide significant pain relief post spinal instrumentation where transversus process cannot be visualised by ultrasound.

### B432 OPIOID SPARING EFFECT OF PENG BLOCK IN OPEN REDUCTION OF PEDIATRIC DEVELOPMENTAL DYSPLASIA OF THE HIP: A CASE SERIES

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**Background and Aims** Developmental dysplasia of the hip (DDH) is a frequent problem that is treated with open hip surgery, which is associated with severe postoperative pain. Caudal and lumbar plexus blocks are the most common regional blocks, which are advanced techniques (1). Pericapsular nerve group (PENG) block is a novel block that targets articular branches of the accessory obturator nerve and femoral nerve, which has been shown to have a major role in the innervation of the hip capsule (2). In this case series, we describe our experience with the PENG block in 5 pediatric patients with DDH.

**Methods** Five patients aged between 10 and 20 months who scheduled for DDH surgery was taken to operating theatre. PENG block was performed following general anesthesia induction. Using linear probe, 50 mm needle was inserted from lateral to medial with an in-plane approach, and 0.5 mL.kg<sup>-1</sup> 0.25% bupivacaine was injected in the space between the psoas tendon and the iliopubic eminence. At the end of the surgery, the patients received 15 mg.kg<sup>-1</sup>iv paracetamol, and FLACC score was used for assessing the pain.

**Results** All patients' FLACC scores were between 0 and 2 in the first 24 h period. Two patients were treated with paracetamol at postoperative 8th and 10th h. No other analgesic drug was used during the first 24 h.

**Conclusions** This case series showed that PENG block provided effective postoperative analgesia and provided pain-free period after DDH surgery without the need of opioids. However, we think that future randomized controlled trials are needed.

### B433 PEDIATRIC ANESTHESIA PRACTICES DURING THE COVID-19 PANDEMIC

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**Background and Aims** The onset of the coronavirus 2019 (COVID-19) pandemic brought together the American Society