

of Regional Anesthesia and Pain Medicine (ASRA) and the European Society of Regional Anaesthesia and Pain Therapy (ESRA) to release a joint statement on anesthesia use (1). Their statement included a recommendation to use regional anesthesia whenever possible to mitigate the risk associated with aerosolizing procedures. We sought to examine the utilization of anesthesia in pediatric patients undergoing a surgical procedure for fracture or ligament repair before and during COVID-19.

**Methods** This study is approved by Hospital for Special Surgery Institutional Review Board (IRB# 2016-436). We used the Premier Healthcare Database to identify pediatric patients undergoing a surgical intervention for fractures or ligament repair before COVID-19 (March-June 2019) and during (March-June 2020). We compared general, regional, and combined general-regional use before and during COVID-19.

**Results** We identified 6,415 patients undergoing a surgical procedure for fracture or ligament repair before and during COVID-19. After exclusions for unknown anesthesia use, 3,052 patients were included in our cohort with 82.9% (n=2,530) of patients undergoing a procedure under general anesthesia, 6.0% (n=182) under regional anesthesia, and 11.1% (n=340) under combined general-regional anesthesia. There was no difference in the type of anesthesia used before and during COVID-19 (p=0.053, Table 1).

**Conclusions** We did not find a significant difference in anesthesia use before and during COVID-19 among pediatric patients undergoing a surgical procedure. The significance of these findings highlights how societal recommendations and historical precedent may not influence pediatric anesthesia practice models.

#### B434 THE ROLE OF ERECTOR SPINAE PLANE BLOCK IN THE POST-OPEN ABDOMINAL SURGERY CARE OF A PAEDIATRIC VACTERL PATIENT

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**Background and Aims** VACTERL syndrome is an acronym for congenital vertebral, anal, cardiovascular, tracheo-esophageal, renal and limb defects (at least three needed for diagnosis). Anaesthetic care can be challenging.

The erector spinae plane block (ESPB) can provide abdominal somatic and visceral analgesia. We describe its successful use to provide effective postoperative analgesia and circumvent limitations after open supraumbilical abdominal surgery in a poorly developed infant.

**Methods** A 5-months-old, 4kg, with VACTERL, presents for Nissen fundoplication and gastrostomy. During her 180-day hospital stay she underwent primary esophageal atresia repair, colostomy, tracheostomy, had multiple respiratory complications, three mechanical ventilation cycles, and received long-term opioid therapy showing withdrawal symptoms after discontinuation.

After anaesthesia induction, surgery started laparoscopically but due to patient's intolerance to pneumoperitoneum was converted to a midline laparotomy. Intraoperatively, IV fentanyl 10mcg, paracetamol 60mg and morphine 0,2mg were administered. Endmost, ultrasound-guided bilateral T7-T8 single shot ESPB (3+3 ml ropivacaine 0,15%) was performed.

For postoperative pain management we elected IV paracetamol 60mg 6/6h and rescue morphine.

**Results** Patient was extubated uneventfully.

Based on comfort level, stable vital signs, limited oxygen requirement and absent need for rescue medication, she was safely discharged to the ward, obviating the need for ICU.

FLACC score was used to assess pain at 0–3–6–18 hours and was 0–3/10 over time.

No rescue opioid was administered. Parents were satisfied and no postoperative complications were observed.

**Conclusions** ESPB appears to be useful for pain management purposes in upper abdominal surgeries in pediatric patients with pulmonary impairment and pain treatment concerns, with optimal safety profile and sensitive coverage.

#### B435 DOES NEUROSTIMULATION IMPROVE EFFICACY FOR ULTRASOUND-GUIDED TRANSPERINEAL PUDENDAL NERVE BLOCK IN CHILDREN?: A RANDOMISED CONTROLLED TRIAL

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**Background and Aims** Ultrasound (US)-guided trans-perineal pudendal nerve block (TPNB) is a novel regional anesthesia technique for pediatric perineal surgery. However, a non-specific needle target under ultrasonography leads to high failure rate and affects analgesic outcomes. This two-center randomized trial aims to compare the analgesic effects of US in combination with neurostimulation (NS) versus US alone for TPNB. We hypothesized that addition of NS enhances the efficacy of US-guided TPNB.

**Methods** After approval by the hospital's ethics committee (ANE-256105992), forty children undergoing circumcision were randomly allocated to US-NS (n =20) or US-alone (n =20) group. Both groups received TPNB with 0.2 ml/kg/side of 0.25% bupivacaine after induction of general anesthesia. Primary outcome was the proportion of patients receiving intravenous fentanyl in post-anesthesia care unit (PACU). Secondary outcomes were block performance data, postoperative oral acetaminophen and pain intensity within 24 hours, success rate, block-related complications including vascular and rectal punctures, and parental satisfaction.

**Results** Eleven percent of patients in US-alone group received fentanyl, while none of those in US-NS group required analgesics in PACU (p=0.230). FLACC score at 30 minutes in PACU was significantly higher in US-alone group (p=0.032). When NS was combined, a median (IQR) duration of block performance was longer (7.0 (5.8–8.1) vs. 3.2 (2.5–3.5) minutes, p<0.001). No significant difference was observed between the two groups in postoperative acetaminophen consumption, pain scores at ward, block success, block-related complications, and parental satisfaction.

**Conclusions** TPNB guided by US alone or in combination with neurostimulation shows similar analgesic efficacy within the first 24 hours after pediatric circumcision.