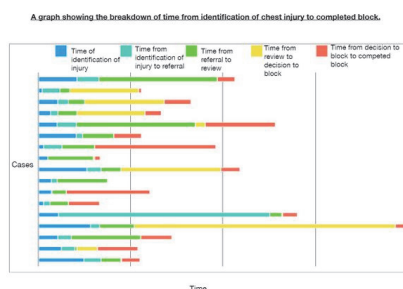


Exclusions included age <18, isolated sternal fracture, and direct transfer to the major trauma centre (MTC).

**Results** Patients had an average age of 74, Rockwood frailty score of 3.6. 40% of cases presented on weekends or bank holidays, 34% out of hours (17:00–08:00 Monday-Friday) with only 26% presenting during normal working hours (Monday-Friday 08:00–17:00). The mean time from referral to review was 5 hours 26 minutes (range 22 minutes to 21.5 hours) with an average time to block placement an additional 5 hours 40 minutes (range 33 minutes to 22 hours). Most blocks were performed out of hours (33% weekday night, 17% weekend day, and 28% weekend night), with only 22% during weekday daylight hours.



#### Abstract LB13 Figure 1

**Conclusions** The majority of referrals and blocks are performed out of hours which can introduce significant delays. We aim to implement a dedicated block service for catheter insertion during daylight hours, and provision of single-shot blocks out of hours with a view to improving early access to regional anaesthesia for chest trauma.

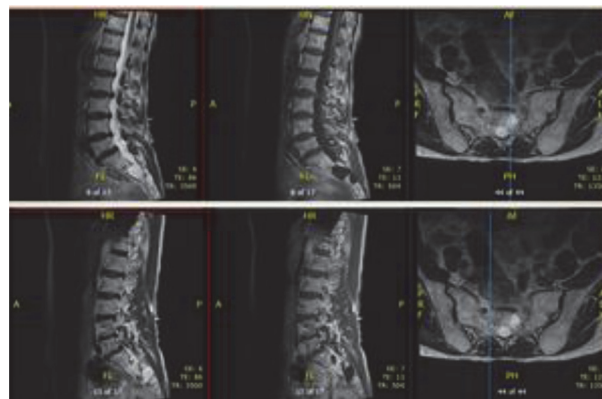
#### LB14 DO TARLOV CYSTS USUALLY CAUSE BACK PAIN?

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**Background and Aims** 61-year-old lady case of Complex Regional Pain Syndrome involving the left foot and ankle due to Left foot crush injury (3-foot fractures/first proximal phalanx and first metatarsal). Her pain has been refractory to pharmacotherapy and SCS trial then she developed new symptoms and changes in the pain character as lower back and the left buttock radiating in the outer aspect of the left posterior thigh and radiating down the calf into the outer aspect of the foot and the sole of the foot. Urgent MRI showed: Multiple prominent bilateral perineural nerve root sleeve cysts that are Tarlov cysts within the sacral spinal canal tracking along with the proximal exiting nerve roots.

#### Methods



#### Abstract LB14 Figure 1

**Results** Tarlov cysts are an uncommon cause of back pain. Tarlov cysts are fluid-filled sacs that most often affect nerve roots at the lower end of the spine. Such cysts typically cause no symptoms and are found incidentally in magnetic resonance imaging (MRI) studies done for other reasons. (1)

Conclusions in some cases, the cysts expand, putting pressure on the affected nerve root. The results may include sharp, burning pain in the hip and down the back of the thigh, possibly with weakness and reduced sensation all along the affected leg and foot. Tarlov cysts sometimes enlarge enough to cause erosion of the surrounding bone, which is another way they may cause back pain.

In most cases, Tarlov cysts require no treatment. For those that do, some surgical treatments — such as draining the cyst, have had promising results. (1)

#### LB15 COMPARING POSTOPERATIVE ANALGESIC EFFECTIVENESS OF ULTRASOUND GUIDED ILIOINGUINAL-ILIOHYPOGASTRIC TRANSVERSUS PLANE-BLOCK AND TRANSMUSCULAR QUADRATUS LUMBORUM PLANE BLOCK IN CAESARIAN SECTION

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**Background and Aims** Both IL-IH TAP PLANE and TRANSMUSCULAR QL blocks are used in providing postoperative analgesia for abdominal surgeries. Here we are comparing these two techniques in post caesarian section surgery in terms of VAS scores, first rescue analgesia, total analgesic consumption, ease of identifying sonoanatomy and time taken to perform block. It has been shown by several studies that TRANSMUSCULAR QL block gives both visceral and somatic analgesia, there by providing better analgesia.

**Methods** 40 parturients undergoing caesarian section with ASA grade I, II & III were included. This is a prospective randomised singleblinded study. The patients are divided into two groups. Group I and Group Q. Group I received 20 ml of 0.125% Bupivacaine deposited IL-IH TAP plane. Group Q received 20 ml of same drug deposited in TRANSMUSCULAR QL plane on both sides. An observer blinded to the block given records the VAS scores, 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 18hrs. 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 compared to IL-IH TAP PLANE.

LB16

#### CONTINUOUS FRACTIONAL SPINAL ANESTHESIA IN A PATIENT COMING FOR HEPATICOJEJUNOSTOMY WITH POST COVID LUNG

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**Background and Aims** Anesthesiologists now a days are facing a burden of anesthetising post-Covid patients with lung fibrosis, atelectasis and other respiratory complications. Regional anesthesia can be offered to such patients in the form of continuous fractional spinal anesthesia. We present our experience of managing a patient with post COVID lung posted for hepaticojejunostomy.

**Methods** 43 years male patient with post COVID Lung and reduced ejection fraction was posted for elective hepaticojejunostomy. He had post Covid lung fibrosis and spo<sub>2</sub> of 94%, Functional capacity <4, sabrasez breath holding test <15, 2D echo findings : Global hypokinesia of left ventricle with ejection fraction of 30%. Chest X-ray findings: multiple small consolidatory radiodense lesions noted in bilateral lung fields. In view of his compromised cardiopulmonary reserve we chose continuous fractional spinal Anesthesia over general Anesthesia. Patient was preloaded with 200ml RL over 15min and Graded continuous fractional spinal anesthesia was performed with 18G Tuohy needle and intentional dural puncture was done at the level of L1-L2 and 20G catheter was introduced and 2cm catheter placed in subarachnoid space. 0.5% Hyperbaric bupivacaine was given in graded manner through the catheter (0.6+0.6+0.6+0.6+0.6+0.6+0.6+0.6+1+0.6+0.6+0.5). T4 level of sensory blockade was achieved and intraoperative haemodynamics were stable.



Abstract LB16 Figure 1

**Results** Continuous fractional spinal anesthesia offers the advantage of fractionating the doses of local anesthetic in the subarachnoid space and has lesser effect on respiratory and cardiac physiology

**Conclusions** Continuous spinal anesthesia (CSA) is a safer alternative technique to general anesthesia in patients with severe cardio - respiratory disease in whom general anesthesia could result in prolonged ICU stay.

LB17

#### NEURAXIAL ANAESTHESIA FOR ACUTE ABDOMEN SURGERY IN A MEDICAL-HUMANITARIAN MISSION IN SUB-SAHARAN AFRICA

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**Background and Aims** Acute abdomen is an emergency requiring immediate surgical intervention, for which midline exploratory laparotomy is the most commonly performed procedure. Although traditionally performed under general anaesthesia in the developed world, general anaesthesia can be challenging in Sub-Saharan Africa due to resource gaps. Therefore, in under-developed countries the anaesthetic approach must be frequently adjusted, with regional anaesthesia growing in relevance.

**Methods** The authors describe the successful use of neuraxial anesthesia in a 38-year-old female patient with acute abdomen proposed for emergent midline exploratory laparotomy during a medical-humanitarian mission at the Simão Mendes National Hospital in Guinea-Bissau. Considering the scarcity of resources, namely lack of access to functioning anaesthetic machines, basic airway equipment, capnography, and even oxygen cylinders, regional anaesthesia was preferred rather than general anaesthesia. After informed consent, a combined spinal-epidural anaesthesia was performed using a separate needle technique with an initial subarachnoid injection of 2.5 ml of 0.5% bupivacaine and 2.5 µg of sufentanil (L1-L2 level) followed by placement of an epidural catheter (T8-T9 level) for potentially prolonged surgery and postoperative multimodal analgesia. Despite airway security and pulmonary aspiration concerns, the patient remained conscious, on spontaneous ventilation.

**Results** General anaesthesia was successfully avoided and there was no need for supplemental oxygen therapy or vasopressors, although episodes of vomiting did occur. Intestinal perforation was diagnosed intraoperatively and small bowel resection and anastomosis were performed uneventfully. Postoperative recovery was unremarkable.

**Conclusions** Neuraxial anaesthesia may be a safe, effective, and less expensive approach for acute abdomen surgery in Sub-Saharan Africa patients under similar circumstances.

LB18

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

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