

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 spo₂ 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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