(SD 266.32), mean FT 62.23s (SD 13.22s); strong positive correlation between FT and DAP (r=0.545; p=0.01). Mean FT during 1st procedure 18.1s, 2nd - 20.7s, 3rd - 23.43s. Mean DAP during 1st procedure 226.24cGycm2, 2nd - 257.33cGycm2, 3rd - 349.97cGycm2. FT and DAP positively correlate in each group. First epidural steroid injection time p=0.750, 2nd 0.767, 3rd 0.682 (p=0.01). First FT was longer in LBP for more than 2 years (p=0.05) n=38 (mean 25.4s); LBP less than 1 year n=36 (mean 22.51s) and LBP from 1–2 years n=26 (mean 14.32s). Mean DAP was higher during 3 procedures and LBP longer than 5 years (p=0.05).

Conclusions DAP is in uphill linear relationship with FT. Mean cumulative dose is 57 times lower than radiation dose for FEISI allowed by Society of Interventional Radiology of Europe. Patients with longer LBP have longer FT and higher DAP, probably due to severe degenerative spinal lesions.

LB26 RECTUS SHEATH BLOCK AND MULTIMODAL ANESTHESIA FOR ANESTHETIC MANAGEMENT IN EMERGENCY ABDOMINAL SURGERY: A CASE SERIES

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10.1136/rapm-2022-ESRA.545

Background and Aims Rectus sheath block (RSB) is a regional anesthesia technique, that provides somatic analgesia (without visceral analgesia) by blocking the ventral rami of the 7th to 12 th intercostal nerves with injection of local anesthetic in the space between the rectus abdominis muscle and the posterior rectus sheath.[1] It can be used as a part of multimodal analgesia together with usage of non-opioid drugs, such as lidocaine, ketamine and magnesium, given as a continuous intravenous infusion during midline incisions in emergency open abdominal surgeries.Multimodal analgesia is recommended for pain management following major surgery.[2]

Methods We are presenting four cases of emergency open abdominal surgeries where bilateral RSB was performed with 0.25% bupivacaine after induction to general anesthesia.All patients received 4 mg dexamethasone and a continuous intravenous infusion with 2 mg/kg/h lidocaine, 0.2 mg/kg/h ketamine and 20 mg/kg/h was given till the end of surgery.All patient received 1 gr metamizole at the end of operation. In the postoperative period pain was followed with Visual Analogue Scale (VAS) score 2, 6, 12, 24, 36, 48 and 72 hours after operation and analgesia regime included metamizole 1 gr four times a day.For pain of 6–10/10 1 mg/kg tramadol was given.

Results During surgery request for opioids was lower and pain scores in the first 72 hours after surgery were reduced too.

Conclusions Bilateral rectus sheath block with continuous intravenous infusion of lidocaine,ketamine and magnesium provides sufficient analgesia during emergency laparotomies, lower opioid requirements during and after surgery,prolong neuromuscular block and all patient were hemodynamically stabile.

LB27 THE EFFECT OF PARAVERTEBRAL ANAESTHESIA ON QUALITY OF LIFE SCORES IN BREAST CANCER PATIENTS

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10.1136/rapm-2022-ESRA.546

Background and Aims Breast cancer is the commonest cancer worldwide.(1) Multiple level paravertebral anaesthesia (PVA) provides excellent analgesia with minimal PONV (2); therefore, we wanted to ascertain if PVA would improve quality of life (QoL) at 2weeks postoperatively in these patients.

Methods We included female patients of > 18 years, of ASA I-III, scheduled to undergo breast cancer surgery after ethics committee approval. Three validated QoL questionnaires for cancer patients were administered preoperatively and 2 weeks postoperatively i.e. the European Organisation for Research and Treatment of Cancer - QLQ-C30 (primary outcome), BR-23, the FACT-B and WHOQOL-bref questionnaires. (3–5)

PVA group patients received USG, in-plane, PVA at T1-T6 levels together with Pecs-2 block and propofol sedation whereas the GA group received standard GA.

Results 65 patients were randomised: 34 in the PVA and 31 in GA group. Demographics were comparable except for younger age of PVA patients. At 24 hours lower pain scores (movement), lesser fentanyl consumption was observed in PVA patients [365 mcg (215, 595)] versus GA group [820 mcg (565, 1035)], P= 0.0001. QLQ-C30 scores at 2 weeks post-surgery (global health-QoL, physical, role, cognitive, social functioning) were significantly better in PVA as compared to GA patients after age and baseline score adjustment. Intra-group analysis revealed significant fall in body image, sexual functioning, breast, arm symptoms (QLQ-BR23 scores) and lower emotional, functional scores (FACT-B, WHOQOL-bref) in the GA group.

Abstract LB27 Figure 1

Conclusions Therefore, emotional, physical and functional quality of life was better maintained in PVA patients as compared to GA patients at 2 weeks post-surgery.

001 REGIONAL ANESTHESIA SAVES THE DAY WHEN INTUBATION IS BEST AVOIDED

Onur Kumcu.

10.1136/rapm-2022-ESRA.547

There're many benetits of using regional anesthesia(RA) but sometimes performing RA compared to general anesthesia(GA) has some life saving advantages. I would like to share one of our experiance.

51-year-old male patient presented with multiple rib, tibial and scaphoid fractures due to fall from tractor and planned for external fixation. He was 180 cm tall, weighed 120 kg, had a history of obstructive sleep apnea (OSA) and 60 pack-year of smoking. He wasn't operated before, not on any medications, not allergic to drug and didn't use cpap or oral device for osas.

He was found conscious, pulse rate(PR) 88/min, blood pressure(BP) 160/80mmHg and SpO2 94. Airway investigation revealed mallampati score 3, mouth opening 4cm, thyromental

Reg Anesth Pain Med: first published as 10.1136/rapm-2022-ESRA.546 on 11 August 2022. Downloaded from http://rapm.bmj.com/ on February 28, 2024 by guest. Protected by copyright.