Methods A woman presented with severe chronic neuropathic pain on the medial side of the lower leg and MM. The worst pain was localized to the MM. Diagnostic nerve blocks were performed in the following order: 1) SN; 2) MFCN-A; 3) MFCN-P (figure 1 and 2).

Conclusions We present a novel selective MFCN-P block, which may be important in the diagnosis and treatment of chronic neuropathic pain.

Results The SN, MFCN-A and MFCN-P all innervated part of the skin in the neuropathic area. SN block alone marginally reduced NRS, whereas additional MFCN-A block did not further reduce NRS. MFCN-P block anesthetized the area around the MM and significantly reduced the pain. Perineural botox was injected around the SN and MFCN-P. At 2-weeks follow-up NRS was significantly reduced (table 1) and patient satisfaction high.

Background and Aims Pain following sternotomy has always remained a major concern for patients undergoing open heart cardiac surgery during the entire perioperative period. The incidence of rest pain due to midline sternotomy is as high as 49% following coronary artery bypass grafting (CABG). We planned to utilize subpecto-interfascial plane (SIP) block to determine its efficacy and quality of analgesia as compared to conventional intravenous analgesia.

Methods After institutional ethics committee approval, we recruited 60 (NYHA I and II) patients and randomized them into group1 as SIP block and Group2 as nurse controlled analgesia (NCA). Patients with serious comorbidities were excluded from the study before randomisation. Group1 patients received the allocated USG guided block after induction of GA. A mixture of inj ropivacaine (0.375%) and dexmedetomidine (1.1 mcg/ml) was used for six injections of 6 ml each at 2nd,4th, and 6th intercostal space in bilateral parasternal region. All patients were monitored and their vitals recorded. Total rescue analgesia in PACU/ICU, peak inspiratory flow rate, time to extubation, time to first oral intake and total length of ICU stay were also recorded.

Results The total fentanyl consumptions after 24 hrs were compared between the groups using one-way ANOVA and post-hoc analysis. Group 1 used significantly less fentanyl compared to the control group (715.66±127.45 mcg vs 1411.96±144.66 mcg; P < 0.001) (Plotted graph attached).

Conclusions The SIP block was found to be superior in terms of pain control following midline sternotomy during CABG. Total fentanyl consumption was significantly reduced when compared with conventional therapy.