Background and Aims The objective of the study was to compare ultrasound-guided supraclavicular and axillary plexus blocks for upper extremity surgery of the elbow, forearm, wrist, and hand.

Methods Randomized controlled trial. Sample size was 80 patients randomized into two groups. ASA 1 & 2 Patients for surgery of elbow, forearm, wrist and hand were included. Lack of consent, pregnancy, infection at the site of injection, allergy to LA and coagulopathy were exclusion criteria. Study was conducted after IRB and ethical committee approval. Written & informed consent was taken. Patients were divided into 2 groups Supraclavicular and Axillary group. 30 ml 0.5% Bupivicane was the local anaesthetic used.

Results There was no difference between the 2 groups in terms of success rate (95–97%), block-related pain scores, vascular puncture, and paresthesia. Compared with the supraclavicular approach axillary approach required a higher number of needle passes (6.4 vs 2.1) with a P value of 0.003, longer needling time (7.2 mins vs 4.1 mins) with a P value of 0.012, longer performance time (7.9 mins vs 5.0 mins) with a P value of 0.009 and longer total anaesthesia-related time (26.0 mins vs 23.1 mins) with a P value of 0.03. Supraclavicular blocks resulted in a higher rate of Horner syndrome (37.5% vs 0% P value of 0.001).

Conclusions Ultrasound guidance results in similar success rates, block-related pain scores, incidences of paresthesia and vascular puncture for the SCB and AXB. Total performance time and total anaesthesia related time was significantly less for SCB group when compared to AXB group.

Abstract B28 Figure 1 EOI block technique

Abstract B28 Figure 2 Ultrasound anatomy of EOI Block
EO: External Oblique muscle, IC: Intercostal muscle, PI: Pleura, LA: Local Anaesthetic, Pink arrows indicate needle position
Abstract B28 Figure 3 Bilateral EOI catheters in-situ for transitional postoperative pain management in a patient who underwent pancreatoduodenectomy.

Results All patients remained pain and opioid free and able to mobilise and breath effectively. All patients were very satisfied with analgesia provided by the EOI catheters.

Conclusions With the evolution of regional anaesthesia techniques, the opioid use in acute pain management needs to be re-evaluated. We used the EOI block to provide enhanced recovery analgesia for pancreatoduodenectomy. We have shown that a regional block could be used for step-down analgesia to avoid opioid use and improve outcomes.

Abstract B29 Figure 1

B29 WHEN REAL TIME ULTRASOUND GUIDED CAUDAL BLOCK IS THE ONLY FEASIBLE OPTION: A CASE REPORT

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Background and Aims Kagami ogata syndrome (KOS) patients present with craniofacial dysmorphism, thoraco abdominal abnormalities, and kyphoscoliosis. The choice of regional anaesthesia poses a real challenge as the reliance on the usual regional anaesthetic techniques including lumbar epidural, paravertebral, fascial plane blocks, and landmark caudal blocks can be very challenging.

Methods We elected to perform a real time ultrasound (US) guided caudal epidural block (CEB) in a patient with a medically challenging spine anatomy to identify the midline, depth, and level with spread of local analgesia into the caudal epidural space.

Results All patients remained pain and opioid free and able to mobilise and breath effectively. All patients were very satisfied with analgesia provided by the EOI catheters.

Conclusions With the evolution of regional anaesthesia techniques, the opioid use in acute pain management needs to be re-evaluated. We used the EOI block to provide enhanced recovery analgesia for pancreatoduodenectomy. We have shown that a regional block could be used for step-down analgesia to avoid opioid use and improve outcomes.