Conclusions This report should encourage pediatric anesthesiologists to familiarize themselves with ultrasound guided caudal blocks as certain situations will dictate such a need.

B30 THE IMPACT OF ULTRASOUND GUIDED BRACHIAL PLEXUS BLOCK ON THE OUTCOME OF ARTERIOVENOUS FISTULA CREATION

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Background and Aims Successful vascular access in the upper arm for hemodialysis is crucial for patients with end stage renal insufficiency. Arteriovenous fistula (AVF) is the vascular access of choice in this patient population. Different techniques (general, regional, local anesthesia) have been implemented to produce surgical anesthesia. Regional anesthesia (RA) in the form of ultrasound guided brachial plexus block (UGBPB) has been shown to increase success and maturation rates of AVF, producing perioperative sympathectomy-like effects, vasodilation and increased AVF blood flow. This review seeks to present and synthesize the literature regarding the impact of UGBPB on the outcome of AVF creation.

Methods An extensive search of the electronic databases of "PubMed" and "Google Scholar" was conducted using the phrases "anesthesia", "regional anesthesia", "brachial plexus block", "ultrasound guided brachial plexus block", "regional versus local anesthesia" in combination with "arteriovenous fistula" and "end stage renal disease".

Results Eight heterogeneous studies reporting on 856 patients were included in this review. They are five randomized controlled and three prospective studies. UGBPB was carried out using the supraclavicular, infracavicular or axillary approach. UGBPB produced higher AVF blood flow in the early and late postoperative period and higher primary AVF patency rates than local anesthesia. In some studies RA modified the type of AVF.

Conclusions UGBPB causing vasodilation by unknown mechanism that mimics parasympathetic nervous system action enhances AVF patency and maybe modifies surgical plan. Large scale, randomized controlled trials, focusing on randomization method, are necessary to produce safe conclusions.

B31 BILATERAL DUAL TAP BLOCK FOR MAJOR ABDOMINAL SURGERY – A SERIES OF CASE REPORTS

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Background and Aims Ultrasound-guided transversus abdominis plane (TAP) block is a regional anaesthesia technique which, as part of a multimodal analgesia regimen, may provide an alternative to epidural analgesia. We report 3 cases of patients where a bilateral dual TAP block (subcostal and lateral approaches) was used to minimize opioid use after major abdominal surgery.

Methods

Results All patients remained pain and opioid free and able to mobilise and breathe 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 pancreaticoduodenectomy. We have shown that a regional block could be used for step-down analgesia to avoid opioid use and improve outcomes.