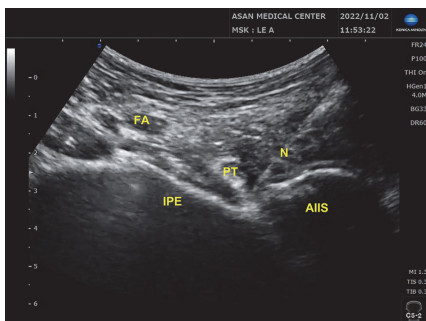


Abstract EP123 Figure 1 Suprainguinal fascia iliaca compartment block (FICB). AIIS, anterior inferior iliac spine; DCIA, deep circumflex iliac artery; FI, fascia iliaca; LA, local anesthetic; N, needle



Abstract EP123 Figure 2 Pericapsular nerve group (PENG) block. AIIS, anterior inferior iliac spine; FA, femoral artery; IPE, iliopubic eminence; N, needle; PT, psoas tendon

Conclusions In patients with hip fractures, the PENG block may provide a comparable analgesic effect to suprainguinal FICB on dynamic pain during position change for spinal anesthesia, with no difference in postoperative pain and motor blockade.

EP124 THE ROLE OF PECS BLOCKS IN THE ALLEVIATION OF POSTMASTECTOMY PAIN SYNDROME

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Background and Aims This study aimed at investigating the efficacy of PECS Blocks in alleviating symptoms in the immediate post-operative period and in reducing the occurrence of chronic pain following surgical treatment for breast cancer

Methods We enrolled 64 women who were randomized to the performance or not of PECS blocks. Evaluation of pain was based on the numerical pain rating scale (NRS) ranging from 0 to 10. In addition, the required supplemental morphine dose in the immediate post-operative period was compared between the two groups. All patients were evaluated at 3 and 6 months after surgery using the DN4 questionnaire for neuropathic pain

Results The incidence of postmastectomy pain syndrome (DN4 \geq 4) in the PECS group was 28.1% at 3 months and 3.1% at 6 months, while in the non-PECS group it was 46.9% at 3 months and 28.1% at 6 months, with the difference between the groups being statistically significant at 6 months ($p=0.016$). The NRS values at three different time points (immediately postoperatively, at 12 and 24 hours) were higher in the non-PECS group compared with the PECS group and this difference was statistically significant at all three time points ($p<0.001$). Significant differences were found in supplemental morphine doses after discharge from PACU and for 24 hours, with the PECS group requiring 1.5 ± 2.48 mg and the non-PECS group requiring nearly four times more ($p < 0.01$)

Conclusions The peri-operative use of PECS blocks reduced acute postoperative pain, diminished postoperative morphine requirements and lowered the risk of development of chronic pain

Ethics Committee Approval

EP125 EVALUATION OF ULTRASOUND-GUIDED EXTERNAL OBLIQUE INTERCOSTAL PLANE BLOCK FOR POSTOPERATIVE ANALGESIA IN LAPAROSCOPIC CHOLECYSTECTOMY: A PROSPECTIVE, RANDOMIZED, CONTROLLED CLINICAL TRIAL

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Application for ESRA Abstract Prizes: I apply as an Anesthesiologist (Aged 35 years old or less)

Background and Aims Laparoscopic cholecystectomy (LC) is a common minimally invasive surgery that reduces risks and complications. To manage postoperative pain in LC, different regional anesthesia techniques have been explored. One such technique is the External Oblique Intercostal Plane Block (EOIPB), which is relatively new and lacks clinical trial evidence. This study aimed to evaluate the effectiveness of EOIPB in managing postoperative pain after LC.

Methods This randomized, controlled trial was conducted from December 2022 to April 2023, with approval from the Institutional Review Board (IRB) and clinical trial registration (NCT05444985). ASA I-III patients aged 35-65 years scheduled for LC were included. All patients received standardized general anesthesia and analgesia. In the experimental group, an ultrasound-guided EOIPB was performed bilaterally using 30mL of 0.25% bupivacaine at the end of the surgery. Tramadol consumption, postoperative pain scores (numeric rating scale – NRS), time to first opioid dose, and the quality of recovery (QoR-15) scores were recorded.

Results Comparing the EOIP group and the control group, descriptive statistics showed no significant differences ($p>0.05$). However, the EOIP group had significantly higher cumulative tramadol consumption at all time points, except for the first hour ($p<0.001$). NRS scores were similar

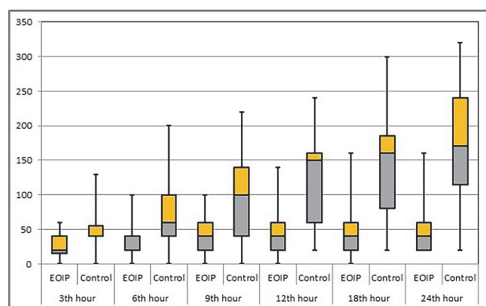
throughout all time intervals ($p > 0.05$). The EOIPB group demonstrated significantly higher average QoR-15 scores compared to the control group (128.2 ± 10.23 vs 112.83 ± 12.06 , respectively, $p < 0.001$) (table 1,2-figure 1).

Abstract EP125 Table 1 Patient demographics. Gender and ASA class are expressed as number of patients

	EOIPB (n:40)	Control (n:40)	p
Descriptive Data			
Age (years)	48.83±10.76	47.9±9.20	0.678
Gender F/M	27/13	24/16	0.485
ASA I/II	17/23	21/19	0.370
Length (cm)	168±9	168±8	0.999
Weight (kg)	77.23±12.37	76.75±9.20	0.844
BMI (kg/m ²)	27.21±3.61	27.29±2.87	0.912
Surgical time (min)	61.62±9.43	62.75±7.33	0.551

Abstract EP125 Table 2 Comparison of postoperative analgesia related data. Data is expressed as mean±standard deviation. Data related to NRS and analgesic requirements are expressed as median (percentiles 25–75). p values were italicized and p values that are written in bold represent statistical significance

	EOIPB (n:40)	Control (n:40)	p
NRS at different times			
1st h	3 (2-3)	2.5 (2-3)	0.735
3rd h	2 (2-3)	2 (2-3)	0.753
6th h	2 (1-2.25)	2 (1-2)	0.189
9th h	2 (1-2)	1.5 (1-2)	0.140
12th h	1 (1-2)	2 (1-2)	0.475
18th h	1 (1-1.25)	1 (1-2)	0.580
24th h	1 (1-1)	1 (1-1)	0.147
Cumulative Morphine consumption (mg)			
3rd h	30 (15-40)	40 (40-65)	<0.001
6th h	40 (20-40)	60 (40-100)	<0.001
9th h	40 (20-40)	100 (40-140)	<0.001
12th h	40 (20-40)	150 (60-160)	<0.001
18th h	40 (20-40)	160 (80-185)	<0.001
24th h	40 (20-40)	170 (115-240)	<0.001
First analgesic demand time (hours)	3.18±3.80	1.80±2.21	0.051
QoR 15 score	128.2±10.23	112.83±12.06	<0.001



Abstract EP125 Figure 1 Demonstration of cumulative tramadol consumptions (mg) by groups over time

Conclusions Bilateral ultrasound-guided EOIPB provides effective analgesia and reduces analgesic requirement in the first 24 hours for patients undergoing LC.

Ethical Committee Approval

EP126 COMPARATIVE STUDY ON SHEAR-WAVE ELASTOGRAPHY OF THE CORACOHUMERAL LIGAMENT BETWEEN ADHESIVE CAPSULITIS AND HEALTHY CONTROLS: SUGGESTION OF CUT-OFF VALUE

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Background and Aims Pathologic changes in coracohumeral ligament (CHL) on MR or US is suggestive of diagnosis of adhesive capsulitis (AC). Objective is to compare the elasticity measured at the CHL between the patients with AC and healthy controls using shear wave elastography (SWE), and to suggest cut-off value.

Methods This prospective study included 24 shoulders with clinical diagnosis of AC and 32 healthy shoulders. Longitudinal B-mode image and SWE of CHL were obtained in axial oblique plane on the lateral border of the coracoid process. In between-group comparison, thickness and elasticity of CHL in patient group obtained with maximal ER were compared with those of healthy group obtained with maximal ER and with 30° ER, respectively. Cut-off value and inter/intra-rater reliability were calculated by ROC analysis and ICC, respectively.

Abstract EP126 Table 1 Baseline demographics

	Normal subjects (n=32)	Adhesive capsulitis (n=24)	p-value
Age	60.3 (±5.3)	57.9 (±10.1)	0.248*
Male (%)	12 (37.5%)	13 (54.2%)	0.280†
Female (%)	20 (62.5%)	11 (45.8%)	
BMI	23.7 (±2.1)	23.7 (±2.4)	0.991*
NRS		4.5 (±1.6)	
SPADI (%)		43.7 (±19.2)	
Range of motion (°)			
Forward flexion	178.1° (±4.0)	125.0° (±31.1)	< 0.001*
Abduction	177.5° (±10.8)	86.3° (±48.8)	< 0.001*
External rotation	79.8° (±12.9)	32.7° (±18.5)	< 0.001*

Datas are presented as mean (±SD) or number (%). SPADI: shoulder pain and disability index.

P values for between group difference by *Student's t-test in continuous variables or by †χ² test in categorical variables.

Datas are presented as mean (±SD) or number (%), P values for between group difference by *Student's t-test in continuous variables or by †χ² test in categorical variables. BMI; body mass index, NRS; Numeral rating scale, SPADI; shoulder pain and disability index

Abstract EP126 Table 2 Comparison of CHL elasticity and thickness between subjects with adhesive capsulitis and healthy group

	Young healthy (n=32)	Adhesive capsulitis (n=24)	p-value
SWE (kPa)			
CHL (Maximal ER)	141.1 (±56.2)	141.1 (±53.4)	0.997
CHL (30° ER: mean maximal ER value of AQ)	105.3 (±50.2)		0.013**
Thickness (mm)			
CHL (Maximal ER)	0.11 (±0.03)	0.20 (±0.06)	<0.001*
CHL (30° ER: mean maximal ER value of AQ)	0.09 (±0.01)		<0.001**

Datas are presented as mean (±SD). P-value for between group difference by Student's t-test.

SWE: Shear Wave Elastography, SD: Standard deviation, CHL: coracohumeral ligament, ER: external rotation, AC: adhesive capsulitis. †: compare CHL between adhesive capsulitis patients with maximal ER and normal population with 30° ER, which maintains similar angle of external rotation between two groups.

Datas are presented as mean (±SD). P-value for between group comparison by Student's t-test and within group comparison by paired t-test. SWE: Shear Wave Elastography, SD: standard deviation, CHL: coracohumeral ligament, ER: external rotation, AC: adhesive capsulitis. †: between AC patients with maximal ER and healthy group with 30° ER determined by mean ER of AC patients to maintain similar angle of external rotation between two groups. ‡: between CHL with 30° ER and maximal ER in healthy group