dexamethasone (MD 85 minutes, 98.33% CI -78 to 249). The increase in the duration of analgesia exceeded the pre-defined level of clinical importance for both 24 mg and 12 mg dexamethasone when compared with placebo.

Conclusions Oral dexamethasone of 24 mg and 12 mg increased the duration of analgesia to a clinically important extent when compared with placebo. There was no significant dose-response effect of dexamethasone.

Ethics Committee Approval

ePoster session 4 – Station 5

SINGLE-BOLUS INJECTION OF LOCAL ANAESTHETICS, WITH OR WITHOUT CONTINUOUS INFUSION, FOR INTERSCALENE BRACHIAL PLEXUS BLOCK IN THE SETTING OF MULTIMODAL ANALGESIA: A RANDOMISED CONTROLLED TRIAL

Background and Aims Previous trials favoured a continuous interscalene brachial plexus block over a single injection for major shoulder surgery. However, these trials did not administer a multimodal analgesic regimen. The null hypothesis of this randomised, controlled trial is that a continuous infusion of local anaesthetic after a single injection for an interscalene brachial plexus block does not provide additional analgesia after major shoulder surgery in the setting of multimodal analgesia, inclusive of intravenous dexamethasone, magnesium, acetaminophen and ketorolac. The findings of this study are limited by performance and detection biases.
Background and Aims Superior trunk block (STB) has been demonstrated to be non inferior to interscalene block for postoperative analgesia in arthroscopic shoulder surgery. Suprascapular block with posterior cord block was also shown to be effective in the same setting. This study aimed to determine if anterior suprascapular block combined with selective posterior cord block (ASPCB) provided superior analgesia to STB within 24 hours postoperatively.

Methods This randomized controlled trial included 46 patients undergoing arthroscopic shoulder surgery after IRB approval. Patients either received an STB (n = 23) or an ASPCB (n = 23). The primary outcome was the worst rest pain score measured on numerical rating scale within 24 hours. Secondary outcomes included the worst pain score at motion within 24 hours, sensory and motor block duration, amount of opioid consumption, handgrip strength, incidence of significant axilla pain, adverse effects, and patient satisfaction.

Results All patients completed the study. The maximal NRS rest pain score within 24 hours postoperatively showed not significantly difference between groups, 1 [0, 2] in STB versus 1 [0, 2] in ASPCB group, respectively, mean difference 0.1 (95% CI, 0.3 to 0.6), (P=0.417). Median procedural time was significantly shorter in the STB group, 8 [7, 10], compared to the ASPCB group, 15 [13, 17] minutes (P < 0.001). Analgesic consumptions and other secondary outcomes were comparable between groups.

Conclusions ASPCB did not provide superior analgesia to STB up to 24 hours postoperatively. We suggest STB should be a preferred postoperative analgesia technique for arthroscopic shoulder surgery due to its shorter procedural time.