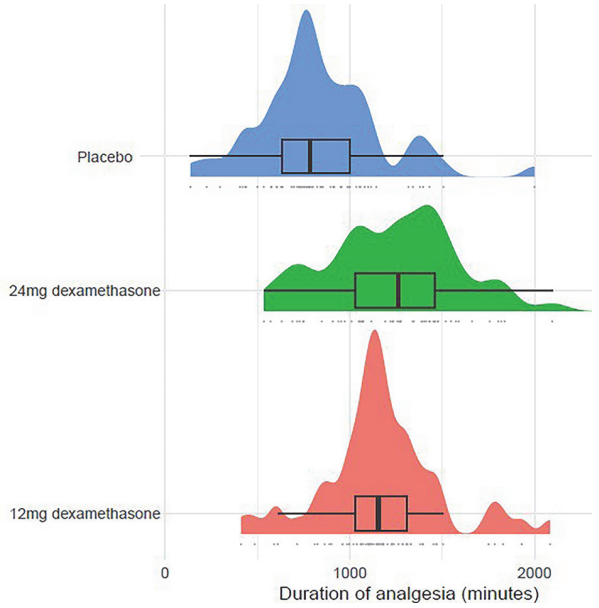
dexamethasone (MD 85 minutes, 98.33% CI -78 to 249). The increase in the duration of analgesia exceeded the predefined level of clinical importance for both 24 mg and 12 mg dexamethasone when compared with placebo.



Abstract EP132 Figure 1 Duration of analgesia

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

EP133 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

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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.

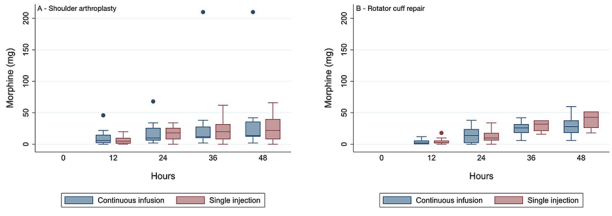
Methods Sixty patients undergoing shoulder arthroplasty or arthroscopic rotator cuff repair were randomised to receive a bolus of ropivacaine 0.5%, 20mL, with or without a continuous infusion of ropivacaine 0.5% 4–8 mL.h-1, for an interscalene brachial plexus block. Patients were provided with intravenous morphine patient-controlled analgesia. The primary outcome was cumulative intravenous morphine consumption at 24h postoperatively. Secondary outcomes included pain scores at rest and on movement, and functional outcomes, measured over 48h after surgery.

Results Median (interquartile range) cumulative intravenous morphine consumption at 24h postoperatively was 10mg (4–24) in the continuous infusion group and 14mg (8–26) in the single injection group (p=0.74). No significant between-group differences were found for any of the secondary outcomes.

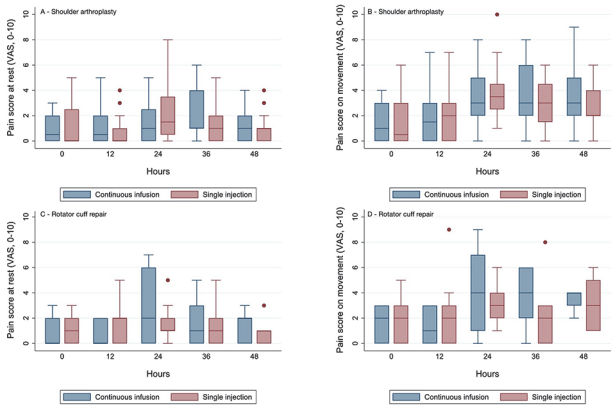
Conclusions A continuous infusion of local anaesthetics after a single injection for an interscalene brachial plexus block does not provide additional analgesia after major shoulder surgery in the setting of multimodal analgesia, inclusive of intravenous dexamethasone, magnesium, acetaminophen and ketorolac. The findings of this study are limited by performance and detection biases.

Abstract EP133 Table 1 Patient demographics and clinical characteristics. Continuous data are presented as mean and standard deviation, and compared using student's t-tests; categorical data presented as number of patients (%) and compared using chi-squared tests

	Continuous infusion group	Single injection group
Sex, n (%)		
Female	16 (59.3%)	13 (48.1%)
Male	11 (40.7%)	14 (51.9%)
Age, years	65 (10)	64 (13)
Weight, kg	71 (15)	81 (19)
Height, cm	167 (10)	168 (10)
Body mass index, kg.m^{-2}	25.5 (4.6)	28.7 (5.8)
ASA score, n (%)		
I	4 (14.8%)	5 (18.5%)
II	21 (77.8%)	17 (63.0%)
III	2 (7.4%)	5 (18.5%)
Type of surgery, n (%)		
Shoulder arthroplasty	11 (40.7%)	11 (40.7%)
Rotator cuff repair	16 (59.3%)	16 (59.3%)
Duration of surgery, min	101 (31)	106 (21)



Abstract EP133 Figure 1 Morphine consumption



Abstract EP133 Figure 2 Pain scores

Ethics comitee approval 02.2020

EP134 ANALGESIC EFFICACY OF SUPERIOR TRUNK BLOCK VERSUS ANTERIOR SUPRASCAPULAR BLOCK WITH POSTERIOR CORD BLOCK FOR ARTHROSCOPIC SHOULDER SURGERY: A RANDOMIZED CONTROLLED TRIAL

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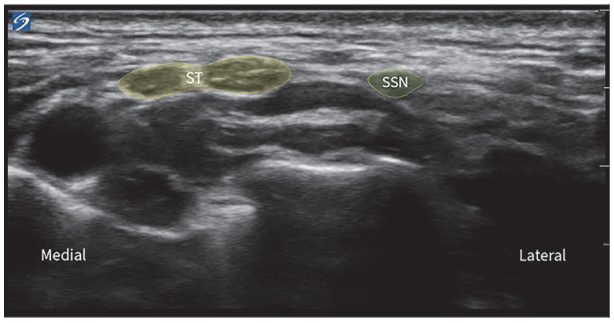
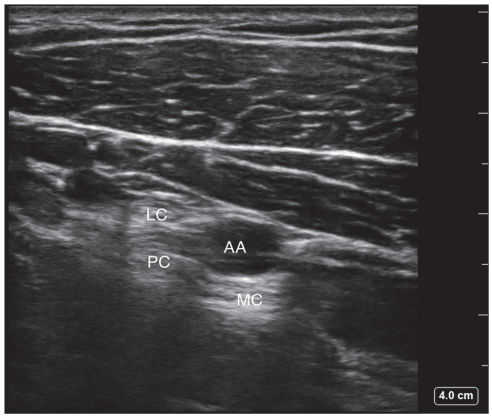
Background and Aims Superior trunk block (STB) has been demonstrated to be non inferior to interscalene block for postoperative analgesia in arthroscopic shoulder surgery. Suprascapular block with posterior cord block was also shown to be effective in the same setting. This study aimed to determine if 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.



Abstract EP134 Figure 1 IRB approval phatthanaphol
Ultrasound image at supraclavicular area. ST, superior trunk; SSN, suprascapular nerve



Abstract EP134 Figure 2 Ultrasound image at infraclavicular area.
LC, lateral cord; PC, posterior cord; MC, medial cord; AA, axillary artery

Abstract EP134 Table 1 Postoperative NRS score

Outcomes	STB (N=23)	ASPCB (N=23)	P-value
Procedure time (min), median (IQR)	8 (7 – 10)	15 (13 – 17)	<0.001
Pain during block (0-10), median (IQR)	2 (1 – 4)	2 (1 – 3)	0.786
Onset time (min), median (IQR)	20 (15 – 25)	20 (10 – 25)	0.270
Sensory block duration (min), median (IQR)	1,020 (900 – 1,1,40)	1,140 (1,050 – 1,320)	0.021
Motor block duration (min), median (IQR)	1,170 (1,020 – 1,290)	1,200 (1,050 – 1,350)	0.339
First analgesic request, n (%)	6 (26)	7 (30)	1.000
Time to first analgesic request in minutes, median (IQR)	1,440 (60 – 1,440)	1,440 (60 – 1,440)	1.000
Time to first IV analgesic request in minutes, median (IQR)	60 (60 – 60)	60 (60 – 60)	1.000
Satisfaction (0-10), median (IQR)	10 (5 – 10)	10 (7 – 10)	0.410

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.

EP135 EVALUATION OF PARASPINAL MUSCLE DEGENERATION ON PAIN RELIEF AFTER PERCUTANEOUS EPIDURAL ADHESIOLYSIS IN PATIENTS WITH DEGENERATIVE LUMBAR SPINAL DISEASE

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Background and Aims Morphological changes in paraspinal muscles may be associated with the analgesic outcome after epidural adhesiolysis, especially in elderly patients. The purpose of study was to evaluate whether cross-sectional area or fatty infiltration of the paraspinal muscles affects treatment results of epidural adhesiolysis.