

Abstract EP133 Figure 2 Pain scores

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EP134

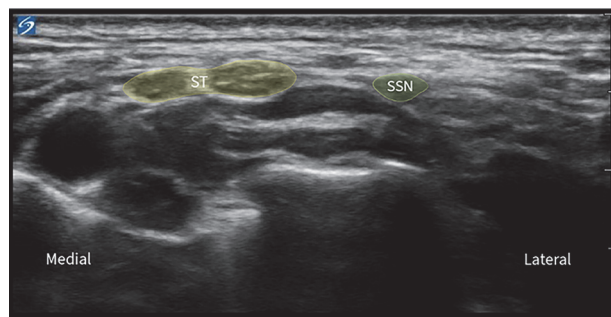
**ANALGESIC EFFICACY OF SUPERIOR TRUNK BLOCK VERSUS ANTERIOR SUPRASCAPULAR BLOCK WITH POSTERIOR CORD BLOCK FOR ARTHROSCOPIC SHOULDER SURGERY: A RANDOMIZED CONTROLLED TRIAL**

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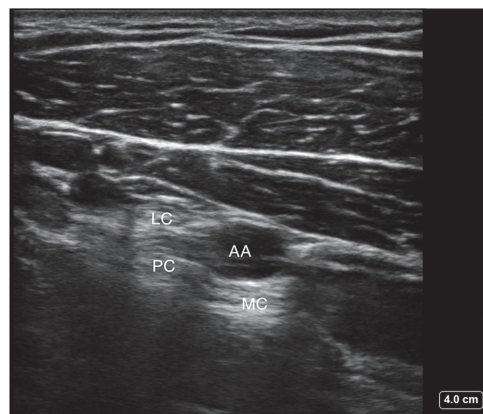
10.1136/rapm-2023-ESRA.195

**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 – 1,140)   | 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.

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**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.