Conclusions Based on this single-center analysis, cocktail analgesia TINB provided better analgesia after discharge and reduced the incidence of ARAEs in patients undergoing VATS.

Background and Aims There is insufficient evidence on which ultrasound (US) view can predict epidural depth for midline epidural procedure in children with scoliosis. We hypothesized that the US estimated distance from the skin to the epidural space (US-ED) in the paramedian sagittal oblique (PSO) plane is comparable with the US-ED in the TM plane to predict actual epidural depth.

Methods The institutional review board of the Severance Hospital has been granted (IRB no. 4-2021-0266). 55 patients being placed in a flexed left-sided position, US-EDs was measured in the bilateral PSO and TM plane at the L2/3 interspace. During the midline epidural puncture using the loss-of-resistance technique to air, the needle depth from the skin to the epidural space was sought (table 1). Correlation between the US-EDs and the needle depth was investigated with Pearson’s correlation coefficient (PCC), Concordance Correlation Coefficient (CCC). The graded visibility of posterior dura complex was compared.

Results PCC and CCC between the US-EDs and the needle depth were excellent in all planes. Amongst all US-EDs, the longer value of the US-ED in the PSO taken from both sides showed highest PCC and CCC value. The ‘good’ visibility is significantly higher in the PSO view than in the TM view (72.7% vs. 38.2%, P-value <0.001).

Conclusions PSO and TM planes are both interchangeably feasible to predict the needle depth in pediatric patients with lumbar scoliosis. However, the longer of the two US-EDs in the bilateral PSO view is more reliable than US-ED in the TM view with better visualization.
performance properties (ideal ultrasound visualization time, number of needle maneuver, perceived block difficulty), and time to complete resolution of motor and sensory block were investigated.

**Results** Table 1 summarizes demographics. Sensory block onset was fastest in CLB (n=18) comparing to LSB (n=20), and also CMB group (n=18) (10(table 2). Motor and sensory blocks were diminished between 12th and 18th hours in all groups (figure 1B), and postoperative pain scores were similar (p>0.05).

**Conclusions** Lateral approach to costoclavicular block exhibited faster sensory and motor block onset than medial costoclavicular and lateral sagittal approach. All techniques were similar in terms of performance properties, and demonstrated similar perioperative comfort.

**Tables1&2-and ethical approval**

**EP165** **PERICAPSULAR NERVE GROUP BLOCK COMBINED WITH A LATERAL FEMORAL CUTANEOUS NERVE BLOCK DECREASES OPIOID CONSUMPTION AFTER HIP ARTHROSCOPY: A RETROSPECTIVE STUDY**

1Lisa Reisinger, 2,3Genewoo Hong, 1Edward Lin, 1Sang Jo Kim, 1,4Douglas Wetmore, 2,4David Kim, 3Haoyan Zhong. 1Department of Anesthesiology, Critical Care and Pain Management, Hospital for Special Surgery, New York, USA; 2Department of Anesthesiology, Critical Care and Pain Management, Hospital for Special Surgery, New York, USA; 3Department of Anesthesiology, Weill Cornell Medicine, New York, USA; 4Department of Anesthesiology, Weill Cornell Medicine, New York, USA

10.1136/rapm-2023-ESRA.226

**Background and Aims** Ambulatory hip arthroscopies are associated with severe pain requiring opioid analgesia. Novel motor sparing blocks, the pericapsular nerve group (PENG) and lateral femoral cutaneous nerve block (LFCN) have been reported with efficacy in hip surgery. The purpose of this study is to investigate the analgesic benefits of these novel blocks in terms of opioid-sparing and discharge efficiency.

**Methods** After obtaining institutional review board approval (IRB # 2020-2031), we retrospectively identified 1559 patients who underwent elective hip arthroscopy at our institution from January 2019 to December 2020. We used propensity scores to match each block group (PENG, PENG/LFCN) to a control group (neuraxial only). The outcomes of interest include post-anesthesia care unit (PACU) mean opioid consumption, maximum NRS pain score, intravenous rescue analgesia and PACU readiness for discharge times.

**Results** PENG/LFCN block group required significantly less opioids in the PACU (25.98 ± 13.04 versus 14.58 ± 5.77, p <.001) and were discharged earlier 2.72 ± 1.16 hours versus 4.42 ± 1.63 hours, p <.001) than the control group. The combined PENG/LFCN group also used less intravenous rescue opioids (0.47±1.8 mg versus 1.44±2.1 mg, p = 0.099) than the control group. The PENG block alone group did not show a significant difference in opioid reduction (21.95± 15.83 versus 27.72± 15.01, p = 0.108), but was discharged from the PACU earlier (3.62± 1.35 versus 45.5± 3.2 hours, p = 0.002), (table 1)

**Conclusion** Combined PENG and LFCN block were associated with expedited PACU discharge and a clinically significant reduction in post-operative opioid use.

**Kim_2020-2031_original_approval_12.24.2020**

**EP166** **INVESTIGATING THE CORRELATION BETWEEN OBSTETRIC-SPECIFIC RECOVERY TOOL (OBSQOR-10) AND POSTPARTUM MATERNAL OUTCOMES: A COHORT STUDY**

1Lu Yang*, 2,3Hoon Sen Tan, 2,3Chin Wen Tan, 2,3Rehema Sultana, 2,3Ban Leong Sng, 1Duke-NUS Medical School, Singapore, Singapore; 2Department of Women’s Anaesthesia, KK Women’s and Children’s Hospital, Singapore, Singapore; 3Anaesthesiology and Perioperative Sciences Academic Clinical Program, Duke-NUS Medical School, Singapore, Singapore; 4Centre for Quantitative Medicine, Duke-NUS Medical School, Singapore, Singapore

10.1136/rapm-2023-ESRA.227

**Background and Aims** Obstetric-specific recovery tool (OBSqR-10) were developed to assess the quality of recovery (QoR), however, its correlation with maternal outcomes has not been investigated. We correlated the ObsQoR-10 at post-