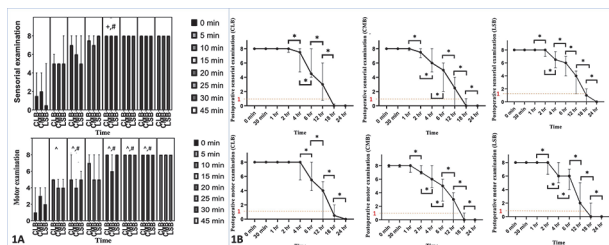


performance properties (ideal ultrasound visualization time, number of needle maneuver, perceived block difficulty), and time to complete resolution of motor and sensory block were investigated.

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).



Abstract EP164 Figure 1 Sensorial and motor block levels of the groups after performing the block(1A). In group evaluation of the postoperative sensorial and motor recovery (1B). Total sensorial and motor block assessments for all median, ulnar, radial and musculocutaneous nerves. Sensorial block: 0: feels pain/absent sensorial blockade, 1: feels touch/partial blockade, 2: no sense/complete blockade. Motor block: 0: no motor block, 1: partial motor block, 2: total motor block. The Y-axis represents the summed values of four neural branches examined. The X-axis refers to the time points. +: Post-hoc analyses showing significant difference between CLB group and LSB group. #: Post-hoc analyses showing significant difference between CMB group and LSB group. ^: Post-hoc analyses showing significant difference between CLB group and CMB group (p<0.05). *: Friedman test results showing significant change during the follow-up (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, ^{2,3}Genewoo Hong, ¹Edward Lin, ^{1,4}Sang Jo Kim, ^{1,4}Douglas Wetmore, ^{2,3}Jiabin Liu, ^{1,4}David Kim, Haoyan 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±1.18 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)

Abstract EP165 Table 1 PACU Opioid Consumption, NRS Pain Scores, PACU LOS, PONV, Admissions

	Neuraxial (n=26)	PENG (n=26)	p-value
PO opioids (mg,MME)	27.72±15.01	21.95±15.83	P = 0.108
IV opioids (mg, MME)	1.46±2.16	1.46±2.5	P = 0.837
	Neuraxial (n=86)	PENG/LFCN (n=86)	p-value
PO opioids (mg, MME)	25.98±13.04	14.58±5.77	P < 0.001
IV opioids (mg,MME)	1.44±2.1	0.47±1.18	P = 0.01
	Neuraxial (n=26)	PENG (n=26)	p-value
Average NRS Pain	2.98±1.87	3.81±2.08	P=0.138
Maximum NRS Pain	6.38±2.16	6.31±2.4	P=0.818
	Neuraxial (n=86)	PENG/LFCN (n=86)	p-value
Average NRS Pain	3.38±1.7	3.85±2.11	P=0.095
Maximum NRS Pain	6.77±2.1	6.01±2.38	P=0.044
	Neuraxial (n=26)	PENG (n=26)	p-value
PACU LOS (hours)	4.9 (3.8,5.7)	3.4 (2.7,4.3)	P= 0.002
PONV	3 (11.5%)	4 (15.4%)	P=0.291
Admitted for Pain Control	1 (3.7%)	0	P=0.133
	Neuraxial (n=86)	PENG/LFCN (n=86)	p-value
PACU LOS (hours)	4.1 (3.5, 4.9)	2.4 (1.8, 3.4)	P < 0.001
PONV	15 (17.4%)	10 (11.6%)	P=0.279
Admitted for Pain Control	3 (3.9%)	0	P=0.246

Conclusions 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*, ^{2,3}Hon Sen Tan, ^{2,3}Chin Wen Tan, ⁴Rehena Sultana, ^{2,3}Ban 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 A Obstetric-specific recovery tool (ObsQoR-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-