Abstract EP212 Table 1 Opioid usage

	Group 1 (N=41)	Group 2 (N=66)	P-value
Intraoperative opioids MEs (mg)			0.0081[1]
N	41	66	
Mean (SD)	22.5 (10.12)	28.4 (12.28)	
Median	20.0	25.0	
Range	10.0, 60.0	10.0, 60.0	
Postoperative 12h MEs (mg)			0.0005[1]
N	41	66	
Mean (SD)	81.5 (36.18)	108.1 (44.56)	
Median	67.5	95.8	
Range	30.0, 202.5	37.5, 213.5	
Postoperative 24h MEs (mg)			<.0001[1]
N	41	66	
Mean (SD)	88.5 (45.32)	125.4 (54.94)	
Median	75.0	113.0	
Range	30.0, 285.5	37.5, 259.0	
Postoperative 48h MEs (mg)			0.0265[1]
N	18	60	
Mean (SD)	121.7 (75.21)	161.8 (78.64)	
Median	103.0	147.5	
Range	55.5, 315.5	37.5, 426.0	
Postoperative 72h MEs (mg)			0.0099[1]
N	11	43	
Mean (SD)	121.7 (76.12)	199.8 (109.46)	
Median	105.0	196.0	
Range	60.0, 330.5	37.5, 551.0	
Total postoperative MEs			0.0001[1]
N	41	66	
Mean (SD)	127.1 (103.48)	219.7 (167.67)	
Median	97.5	184.8	
Range	30.0, 598.0	37.5, 878.0	

[1]Kruskal-Wallis p-value;

Abstract EP212 Table 2 Surgical, anesthetic characteristics and outcome

Table 2. Surgical, anesthetics characteristics and outcome.

	Group I (n=41)	Group II (n=66)	P
Anesthetic technique General	41 (100)	66 (100)	
Anesthetic duration (min)	370.1 ± 140.52	354.8±163.9	0.4139[1]
Vascular interventions			<0.001[2]
Femoral endarterectomy alone	11 (27)	19 (29)	
Fem Endarterectomy + endo intervention	21 (51)	9 (13)	
Infra-inguinal bypass	9 (22)	38 (58)	
In-Hospital stay (days)	3.5 ± 4.8	4.9 ± 4.1	<0.001[1]
Reintervention			
Acute graft occlusion	2 (5)	3 (4.5)	1.0[2]
Hematoma	1 (2)	2 (3)	1.0[2]
Complications			
Death	0 (0)	0 (0)	-
Myocardial infarction	0 (0)	0 (0)	-
Pneumonia	0 (0)	0 (0)	-
Prolonged intubation (>24hrs)	1 (2)	0 (0)	0.383[2]
Acute kidney injury	0 (0)	3 (4.5)	0.284[2]
Requiring dialysis	0 (0)	0 (0)	-
Unplanned amputation	0 (0)	0 (0)	-
Nerve injuries	0 (0)	0 (0)	-
DVT/PE	0 (0)	0 (0)	-
Cerebrovascular accident	0 (0)	0 (0)	-

Data presented as mean ± standard deviation; or number (percentage).

[1]Kruskal-Wallis p-value.

[2]Fisher p-value.

Endo= endovascular; DVT=deep venous thrombosis; PE=pulmonary embolism.

Conclusions Ilioinguinal block with liposomal bupivacaine significantly reduced the intra- and post-operative opioids use up to 72 hours, and it should be considered as part of multimodal analgesia approach for infra-inguinal vascular surgeries.

Ethics Committee Approval

EP213 EFFECT OF ULTRASOUND-GUIDED MAXILLARY AND INFERIOR ALVEOLAR NERVE BLOCK IN TWO-JAW PLASTIC SURGERY: A SINGLE-BLIND RANDOMISED CONTROLLED TRIAL IN TWO CENTRES

Sho Kumita*, Tomohiro Chaki, Atsushi Sawada, Michiaki Yamakage. *Department of Anesthesiology, Sapporo Medical University School of Medicine, Sapporo, Japan*

10.1136/rapm-2023-ESRA.273

Background and Aims Two-jaw plastic surgery is associated with severe perioperative pain due to osteotomy. The efficacy of ultrasound-guided maxillary nerve block (MaxNB) and inferior alveolar nerve block (InfNB) has been reported. However, no study evaluates the efficacy of simultaneous blocks (Max/InfNB).

Methods This study was approved by the ethics committees of two institutions (322-271, 2104). Forty-two patients aged 16 years or older undergoing two- jaw plastic surgery under general anaesthesia were randomly allocated to block group: ultrasound-guided bilateral Max/InfNB were performed under general anaesthesia, or to control group: general anaesthesia alone. The block group received 5 mL of 0.375% levobupivacaine per site for 20 mL. The primary outcome was the rescue analgesics number used up to 24 hours after the block. In addition, intraoperative opioid consumption was recorded. In the block group, arterial levobupivacaine blood levels were measured five times up to 60 minutes after the block by Liquid Chromatograph-tandem Mass Spectrometer.

Results Eighteen and 22 patients completed the study in block and control group, respectively. The median[IQR] rescue analgesics numbers were not significantly different (block: 0[0-1.25] vs. control: 0[0-1.0], p=0.79). However, the mean(SD) intraoperative fentanyl/remifentanil consumption was significantly lower in the block group (fentanyl: 561(218) vs. 791 (250) μg, p=0.004, remifentanil: 3.75(1.20) vs. 5.46(1.54) mg, p<0.001). The maximum mean(SD) levobupivacaine blood level was 1.46(0.40) μg/mL 5 minutes after the block.

Conclusions Max/InfNB for two-jaw plastic surgery decreased intraoperative opioid consumption compared to general anaesthesia alone, but did not provide effective postoperative analgesia. The arterial levobupivacaine levels after the block remained in the safe range.

EP214 SUPRAINGUINAL FASCIA ILIACA COMPARTMENT BLOCK VERSUS ANTERIOR QUADRATUS LUMBORUM BLOCK FOR ANALGESIA AFTER TOTAL HIP REPLACEMENT ARTHROPLASTY: A RANDOMIZED CONTROLLED TRIAL

[1]Jin Young Bae, [2]Seokmin Kwon*, [2]Seokha Yoo, [2]Hansol Kim. *[1]Department of Anesthesiology and Pain Medicine, College of Medicine, Ajou University, Seoul, Korea; [2]Department of Anesthesiology and Pain Medicine, Seoul National University Hospitial, Seoul, Korea*

10.1136/rapm-2023-ESRA.274

Background and Aims Suprainguinal fascia iliaca compartment block (FICB) and anterior quadratus lumborum block (QLB) have been shown to provide analgesia after hip surgery. We tested whether suprainguinal FICB would result in less postoperative analgesic requirements than QLB in patients