24 postoperative hours. Secondary outcomes included time to realize block, intraoperative fentanyl consumption, occurrence of intraoperative tachycardia or hypertension, postoperative pain scores, time to first analgesic rescue and total dose of postoperative analgesic consumption.

Results
The two groups were comparable. No difference was noted in the time to perform the block (p=0.17). The consumption of intraoperative fentanyl was similar between the groups (p=0.36) with no difference in intraoperative hemodynamic parameters. We noted no differences in pain scores. The time to first analgesic rescue was similar (p=0.40). The postoperative total tramadol consumption in the CB group was 40±33 mg and 35±27 mg in the AQLB group (p=0.21).

Conclusions
Our study showed that the AQLB and the CA were comparable regarding intra- and postoperative analgesic demand.

EP219
Cryoanalgesia is an Essential Part of Multimodal Analgesia in the Surgical Treatment of Funnel Chest Deformation

1Slawomir Zacha, 2Katarzyna Skonieczna-Żydańska, 3Konrad Jarosz, 4Jowita Bienawska. 1Department of Pediatric Orthopedics and Oncology of Musculoskeletal System, Pomeranian Medical University in Szczecin, Poland; 2Department of Biochemical Research Pomeranian Medical University in Szczecin, Pomeranian Medical University, Szczecin, Poland; 3Department of Clinical Nursing, Pomeranian Medical University, Szczecin, Poland; 4Department of Anesthesiology and Intensive Care, Pomeranian Medical University, Szczecin, Poland

Abstract  EP219
Performance of cryoanalgesia in children requires a multidisciplinary approach. The aim of the study was to compare the short and long-term effectiveness of intercostal cryoanalgesia in terms of pain relief, risk of sensory disturbances and patient comfort.

Methods
A total of 100 patients who were operated on with the Nuss method were enrolled. The control group of 52 patients (15 years +/- 2, 4 girls) had multimodal analgesia protocol according to the standard of acute pain management in children. The intervention group of 48 patients (15 years +/- 3 years, 5 girls) had intraoperative intercostal cryolesia bilaterally from Th3 to Th8.

Results
In the intervention group significantly better control of postoperative pain assessed according to the numerical rating scale (NRS) in the first postoperative days (p<0.01) was achieved. Additionally, there was shorter duration of intravenous opioid use (p<0.01), faster independence and correctness of exercises performed during postoperative rehabilitation (p<0.01) and shorter hospitalisation time (p<0.01). In the intervention group, better results were obtained in terms of quality of life according to the modified Nuss questionnaire.

Conclusion
Conclusions Adding cryolesia to multimodal analgesia during modified Nuss surgery gives better results in terms of pain control, improved rehabilitation, and reduced hospitalisation time.
Conclusions Following injections in erector spinae plane, there was no spread of the dye anteriorly to the paravertebral space and it only involved the dorsal rami. Inter-ligamentous space injection appears to be the most promising block in future as the dye spread both anteriorly to paravertebral space and posteriorly toward the erector spinae plane.

Background and Aims Diaphragmatic paralysis (DP) can pose challenges during caesarean delivery (CD), as it may increase the risk of respiratory complications. While there is limited information on anaesthesia techniques for patients with DP, central nerve blocks sparing upper intercostal muscles have been utilised in similar procedures.

Methods A 20-year-old woman with idiopathic diaphragmatic paralysis who required an emergent CD due to persistent variable fetal decelerations and intrapartum fever in the labour ward. Diaphragmatic paralysis was incidentally discovered during investigations for recurrent syncope, with no identifiable cause. The patient had a functional capacity of 5 METs. Epidural anesthesia (EA) was performed using titrated ropivacaine 0.75% through an epidural catheter, which had been placed at the beginning of the first stage of labor, 12 hours prior to the development of fever. A total volume of 14 mL of ropivacaine was administered. Standard ASA monitoring, multimodal analgesia, and broad-spectrum antibiotics were employed.

Results The patient remained hemodynamically stable and ventilated spontaneously throughout an uneventful CD. No respiratory or neurological complications were observed in the postoperative period.

Conclusions The compressive effect of the dural sac allowed us to limit the spread of local anaesthetic, sparing upper thoracic myotomes. Although EA is an option in patients with diaphragmatic paralysis, decisions should be tailored to individual cases. Further studies are needed to evaluate the impact of EA on patients with diaphragm lung paralysis and other restrictive lung diseases.

Background and Aims This study compares perioperative complications of patients undergoing general anaesthesia (GA), spinal anaesthesia (SA) or isolated peripheral nerve blocks (NB) for total knee replacement surgery in high-risk patients.

Methods In this retrospective single center study, 329 patients (ASA II–III), scheduled for elective total knee replacement between 2014 and 2020 were included. All patients received a femoral catheter and a proximal sciatica nerve block for perioperative analgesia. Patients in the NB group received an additional obturator nerve block. Due to failure resulting from insufficient block or patients expressing their wish for a general anaesthesia, patients were assigned according to the definitive anaesthesia method. There were 22 individuals in the NB-, 171 patients in the SA – and 136 patients in the GA group. Perioperative parameters, events and costs were compared. Differences between groups were compared using the chi-square test.

Results The NB group showed a significantly better haemodynamic stability intraoperatively with less vasopressor consumption, respectively less relevant hypotension. In 73% of patients in the NB group a PACU-Bypass was achieved (vs 34% in SA group vs 13% in GA group). This influenced the overall costs positively. Remarkably, during the initial 24 hours, no episodes with severe pain (visual analog scale score > 30) were observed in the NB group. Regarding other postoperative complications we could not observe a statistically significant difference.

Conclusions In summary, the use of triple block as an isolated technique for total knee replacement surgery in specific high-risk patients appears to be a safe option with less haemodynamic complications.

ePoster session 7 – Station 2

Background and Aims Arthroscopic shoulder surgery is associated with moderate/severe postoperative pain, which may prevent rehabilitation of patients and increase hospital stay. Erector spinae plane block (ESPB) is a block in which different levels of local anaesthetic (LA) are applied between the erector spinae muscle and the transverse process of the vertebrae. We aimed to present the analgesic effect of the block in the first 24 hours postoperatively in 10 patients to whom we applied ESPB at T2-T3 level for analgesia in shoulder surgery.

Methods Patients written consent was obtained. Ultrasound guided ESPB was performed at T2-T3 level in 10 patients with ASA I, II who will undergo shoulder surgery under general anaesthesia. Anesthesia was maintained with sevofluran-air and remifentanil iv infusion according to hemodynamic parameters. Paracetamol, dexketoprofen iv was administered to the patients in the perioperative period. Patients 0, 1, 6, 12, 24 h, NRS scores were recorded.

Results Ten patients aged 33-75 (male/female = 5/5; mean age = 58.3 [SD = 16.5]) were included in the case series. The distribution of sensory nerve blockade varied between C2 and C7 in the anterolateral region, between T2 and T7 in the posterior region. The mean surgical time was 85.4 minutes.