

The mean consumption of remifentanyl was 81.4 μg (0-210). The PACU, 1st, 6th, 12th, 24th hour NRS scores of the patients were between 2 and 4.

Conclusions ESPB in shoulder surgery reduced intraoperative opioid consumption and postoperative NRS scores. We think that ESPB could be a part of multimodal analgesia in shoulder arthroscopy surgeries.

EP224 FEATURES OF TREATMENT OF PAIN SYNDROME AFTER KNEE ATROPLASTY AT THE SECOND STAGE OF REHABILITATION

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Background and Aims From 8% to 44% of patients after knee arthroplasty experience pain of varying severity (Qudsi-Sinclair S. et al., 2016; Hagedorn JM et al., 2020), which prevents successful rehabilitation. Interventional techniques are most effective in the treatment of pain of various origins, however, there is not enough information about their use after knee arthroplasty. The aim of the study was to evaluate the analgesic efficacy of N. saphenus blockade at the 2nd inpatient stage of medical rehabilitation after knee arthroplasty.

Abstract EP224 Table 1 The results of rehabilitation measures in patients after arthroplasty using Knee Society Score [Insall et al., 1989; Liow et al., 2000] (points)

Function Score	I group (n=6), Md [min: max]		II group (n=6), Md [min: max]	
	Before the start of rehabilitation	After completion of rehabilitation activities	Before the start of rehabilitation	After completion of rehabilitation activities
Pain	0 [0;10]	25 [20;40]	0 [0;10]	45 [45;50]
Range of motion	17 [17;18]	17 [17;20]	17 [17;18]	21,5 [21;22]
Active extension deficiency	0 [0;0]	0 [0;0]	0 [0;0]	0 [0;0]
Flexion contracture	0 [0;0]	0 [0;0]	0 [0;0]	0 [0;0]
Axis (varus/valgus)	-15 [-12;-15]	-15 [-12;-15]	-15 [-12;-15]	-15 [-12;-15]
Stability	0 [0;0]	0 [0;0]	0 [0;0]	0 [0;0]
Walking	10 [10;10]	10 [10;10]	10 [10;10]	10 [10;10]
Additional support	-10 [-10;-10]	-10 [-10;-10]	-10 [-10;-10]	-10 [-10;-10]
Ladder	5 [0;20]	10 [0;10]	0 [0;10]	35 [20;30]
TOTAL (points)	7,5 [2;35]	38,5 [23;55]	12 [2;16]	87,5 [72;95]
Result	-	Unsatisfactory	-	Excellent

Methods The study included 12 patients who underwent rehabilitation after knee arthroplasty at stage 2 in the inpatient medical rehabilitation department. Inclusion criteria – pain syndrome 5-6 points according to the CRS at rest, 7-8 points

during movement. Patients were randomly divided into 2 groups. In group I (n=6), rehabilitation measures were carried out without the use of therapeutic and diagnostic blockades. In group II (n=6), rehabilitation was supplemented by N. saphenus blockade on days 7-8 after joint arthroplasty. Blockades were performed using local anesthetic solutions and glucocorticosteroids with online ultrasound navigation. The criterion of effectiveness of rehabilitation measures is the Knee Society Score.

Results The use of N. saphenus blockade has a positive effect on the range of motion in the knee joint and the ability to walk up the stairs due to a significant decrease in the intensity of the pain.

Conclusions The study showed the high efficiency of therapeutic and diagnostic blockades of N. saphenus to increase the effectiveness of rehabilitation measures after arthroplasty at the 2nd inpatient stage of rehabilitation.

EP225 COMPARISON OF ONSET OF ACTION FOR ULTRASOUND GUIDED SCIATIC NERVE BLOCK AT PRE-BIFURCATION AND POST BIFURCATION LEVEL IN PATIENTS UNDERGOING LOWER EXTREMITY SURGERY

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Background and Aims Sciatic nerve block (SNB), a well-established and widely used for lower limb surgeries. The distal SNB (popliteal fossa block) is used peripheral nerve block for below knee surgeries. Popliteal fossa block with bupivacaine provide 12-24 hours of analgesia, irrespective of the nerve localisation technique used, complete sensory and motor block is associated with slow onset time (20-60 mins). To evaluate and compare the onset of action of sciatic nerve block proximal to its bifurcation and immediately after bifurcation using ultrasound with local anaesthetic injection inside the paraneural sheath.

Methods After Ethical Committee Approval, USG sub paraneural popliteal SNB performed in 50 patients undergoing lower extremity surgeries and were randomly divided into 2 groups (A & B). Group A received 20ml 0.5% bupivacaine 8 cm above the bifurcation into tibial and common peroneal nerve. Group B received 20ml 0.5% bupivacaine immediately after its bifurcation. Performance time, adverse events, onset of sensory, motor blockade of sciatic nerve were recorded.

Results SNB proximal to the bifurcation had a shorter onset of sensory and motor block than distal bifurcation. Time taken for scanning was more, whereas needling time was less in the pre bifurcation group. Total time taken to perform pre bifurcation and post bifurcation SNB was (4.5+0.9) min and

4.5+1.0) min respectively, P=0.766 which is comparable. Demographic data, ASA grade, BMI were comparable in both the groups.

Conclusions In conclusion, SNB administered at pre bifurcation has faster onset of action compared to post bifurcation. Block performance time was comparable and independent of BMI in both the groups