Conclusions Our experience highlights the feasibility and potential advantages of employing a precise and targeted regional anaesthetic strategy for knee arthroplasty. Our findings demonstrate that this anaesthetic modality offers excellent pain relief while preserving motor function, thus enabling the provision of knee arthroplasty as day case operation.

Ethical Approval-2

Application for ESRA Abstract Prizes: I apply as an Anesthesiologist (Aged 35 years old or less)

Background and Aims Hip fractures are often painful and its management is difficult because of the patients are usually geriatric and with multiple comorbidities. Traditional pain management in the elderly population is difficult because of physiologic changes and comorbidities. Regional anesthesia is an increasingly used option in Emergency Department, which not only reduces pain but also might reduce the adverse events of parenteral analgesics. The purpose of this study was to assess the effectiveness of suprainguinal FICB for pain control, compared with Femoral Block with proximal femoral fracture. We hypothesized that suprainguinal FICB can provide a satisfactory analgesic effect while avoiding the risk of procedure-related complications.

Methods Between January 2019 and October 2019 all adult patients (aged18 years and older) with a radiologically confirmed proximal femoral fracture presenting to the KSMU Faculty of Medicine Emergency Department were included in this study. The primary study outcome was decrease in NRS pain scores, as measured at 20 min after administration of the FICB compared to baseline during initial presentation in the Emergency Department.

Results Block onset time was statistically lower at FICB group (p<0.001). VAS scores at 20. min was 0 at two groups. VAS scores at 4. hour and 6. hour was higher in FICB group (p<0.001). VAS scores at 20. min was 0 at two groups. VAS scores at 20. min was 0 at two groups. VAS scores at 20. min was 0 at two groups. VAS scores at 20. min was 0 at two groups.

Conclusions The ultrasound guided suprainguinal FICB and femoral nerve block leads to a significant and clinically relevant decrease in NRS pain scores in the majority of hip fracture patients in the Emergency Department.

Comparison of Morphine Spinal Analgesia With Paravertebral Block for Renal Surgeries in Pediatric Patients: A Prospective Randomised Study


Background and Aims Renal surgeries in children, are associated with important post-operative pain. Good post-operative analgesia is essential to allow effective coughing and early mobilisation to reduce the occurrence of post-operative complications. This study was undertaken to compare the analgesic efficacy of morphine spinal analgesia with ultrasound-guided single-shot paravertebral block in children undergoing renal surgeries

Methods Sixty children aged 4 – 14 years, of ASA status I/II, posted for elective renal surgeries. Interventions: The children were randomised into two groups (Group MSA: morphine spinal analgesia, Group PVb: paravertebral block). After induction of general anesthesia, SA or paravertebral block was performed under ultrasound guidance, with respectively morphine or 0.2% ropivacaine. Measurements: Time to first rescue analgesia, intraoperative and post-operative hemodynamics, post-operative FLACC scores, incidence of complications, parental satisfaction scores were recorded.

Results Children in Group PVb had significantly longer duration of analgesia (p < 0.0004) than Group MSA. Post-operative FLACC scores (p < 0.005) and analgesic requirements (p < 0.0004) were lower in Group PVb. The mean fentanyl requirement over 24 h in group PVb was 0.56 ± 0.82 μg/kg, compared to 1.8 ± 1.2 μg/kg in group MSA. Parents in Group PVb reported greater satisfaction (p < 0.02). No complications were seen in either of the groups.

Conclusions This study showed superior analgesia and parental satisfaction with single-shot paravertebral block in comparison to spinal analgesia for renal surgeries in children. However, the block performance in children requires adequate expertise and practice.