Conclusions Our experience highlights the feasibility and potential advantages of employing a precise and targeted regional anesthetic strategy for knee arthroplasty. Our findings demonstrate that this anesthetic modality offers excellent pain relief while preserving motor function, thus enabling the provision of knee arthroplasty as day case operation. Ethical Approval-2

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 respective 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.

Background and Aims Post-herpetic neuralgia (PHN) is a painful condition that presents after herpes zoster reactivation in the peripheral and central nervous system. When medical treatment fails, options are limited, and patients may suffer with chronic pain indefinitely. A man in his 80’s was referred to our clinic with a three-year history of right-sided posterior scalp and periauricular pain after herpes zoster infection presenting as Ramsay Hunt Syndrome. He rated the pain between 6-10 and averaging a 9 on a scale of 10 with distribution in the right occipital and periauricular areas.

Methods The patient was brought to the procedure suite, and, prior to the procedure, ultrasound guidance was used to visualize the right lesser occipital and greater auricular nerves. Ultrasound imaging identified the optimal needle path of the affected target nerves. Next, using a combined in-plane and out-of-plane technique (figure 1), a linear array electrode was advanced in close proximity to the right lesser occipital nerve and right greater auricular nerve.

Results The patient returned for lead removal on post-procedural day 65. He reported 90% improvement in the presence of his symptoms with pain averaging a 0 out of 10.