

**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

### EP233 ULTRASOUND GUIDED SUPRA-INGUINAL FASCIA ILIACA COMPARTMENT BLOCK VS FEMORAL BLOCK FOR HIP FRACTURE IN THE EMERGENCY DEPARTMENT

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**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 (aged 18 years and older) with a radiologically confirmed proximal femoral fracture presenting to the KSU 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 ( $p < 0.001$ ). First analgesic use time was statistically lower in FICB group ( $p < 0.001$ ).

**Conclusions** The Ultrasound guided supra-inguinal 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.

### EP234 COMPARISON OF MORPHINE SPINAL ANALGESIA WITH PARAVERTEBRAL BLOCK FOR RENAL SURGERIES IN PEDIATRIC PATIENTS: A PROSPECTIVE RANDOMISED STUDY

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**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  $0.56 \pm 0.82 \mu\text{g/kg}$ , compared to  $1.8 \pm 1.2 \mu\text{g/kg}$  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

### EP235 RAMSEY HUNT SYNDROME TREATED WITH PERIPHERAL NERVE STIMULATION

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**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.

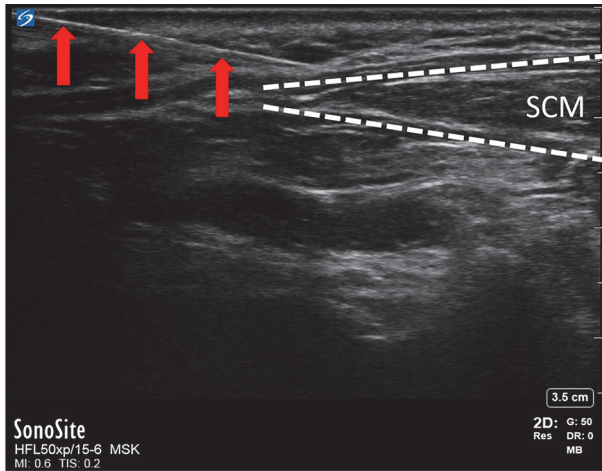


Figure 1. Ultrasound guided needle (red arrows) placement, SCM outlined in white

**Abstract EP235 Figure 1** Ultrasound guided needle placement

**Conclusions** PNS is an effective and safe option for the treatment of chronic pain, and we present a report of successful treatment of PHN in a particularly difficult anatomic distribution. PNS of the lesser occipital and greater auricular nerves is a novel treatment for PHN and shows promise as an effective, safe therapy when other treatment fails.

**EP236 EFFECTIVENESS OF REGIONAL ANESTHESIA IN THE PERIOPERATIVE MANAGEMENT OF GENDER-AFFIRMING SURGERIES: A SYSTEMATIC REVIEW**

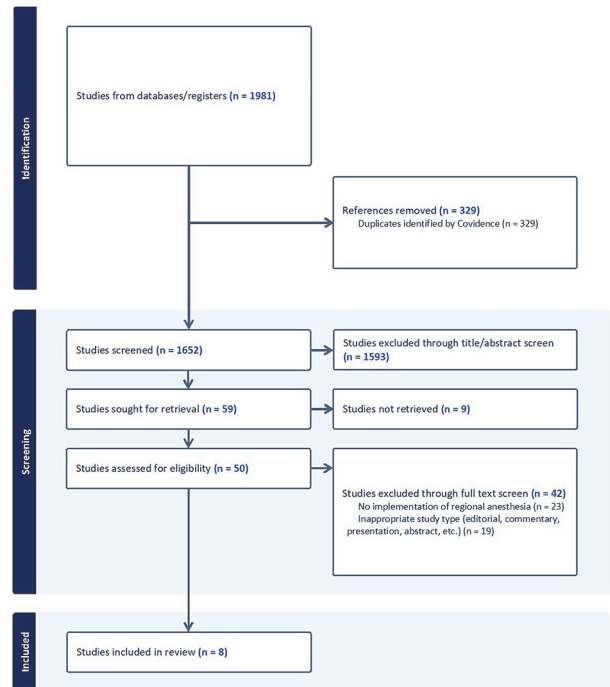
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**Background and Aims** Transition-related surgery (TRS) is an effective treatment for gender dysphoria, but the perioperative analgesic management of transgender patients may be complicated by higher rates of mood and substance use disorders. Regional anesthesia techniques reduce pain severity and opioid requirements, thereby improving postoperative recovery. However, little is known regarding the effectiveness of regional anesthesia techniques for transgender patients undergoing TRS. **Methods** A literature search was performed using Medline, Embase, Cochrane, and CINAHL databases. Original studies describing regional anesthesia approaches for patients undergoing TRS were included. The primary outcomes were pain scores and opioid requirements on the first postoperative day (POD1). Due to the heterogeneity of interventions and outcomes, findings underwent qualitative synthesis without meta-analysis.

**Results** Of 1652 studies identified, eight met criteria for inclusion. Three studies described chest surgery, comprising 201

patients of whom 84% were transgender men undergoing mastectomy with pectoralis blocks or local instillation anesthesia devices. The remaining five studies described genital surgery, comprising 50 patients of whom 56% were transgender women undergoing vaginoplasty with lumbosacral erector spinae plane blocks or epidural anesthetics. Overall, the eight studies broadly ascribed benefits to nerve blocks. Few studies directly compared regional and non-regional anesthesia; however, these studies unanimously reported lower pain scores and opioid requirements on POD1 with nerve blocks compared to none. Furthermore, anesthetic complications were rare among included studies.



**Abstract EP236 Figure 1** PRISMA flow diagram of identification, screening, and inclusion of studies through Covidence

**Conclusions** Regional anesthesia for TRS is understudied, which may be attributable to pervasive marginalization of transgender individuals. However, the limited existing literature does support regional anesthesia techniques as an effective option for TRS.

**EP237 DOES ERECTOR SPINAE PLANE BLOCK IMPROVE RESPIRATORY OUTCOMES IN ADULTS WITH RIB FRACTURES?**

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**Background and Aims** The incidence of rib fractures has increased by 43.7% 1990 to 4.11 million in 2019. Hypoperfusion due to pain and damaged lung tissue as a result of rib fractures leads to respiratory complications such as pneumonia which is associated with increased mortality. The aims of this review are to compare to other regional anaesthetic techniques