

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**

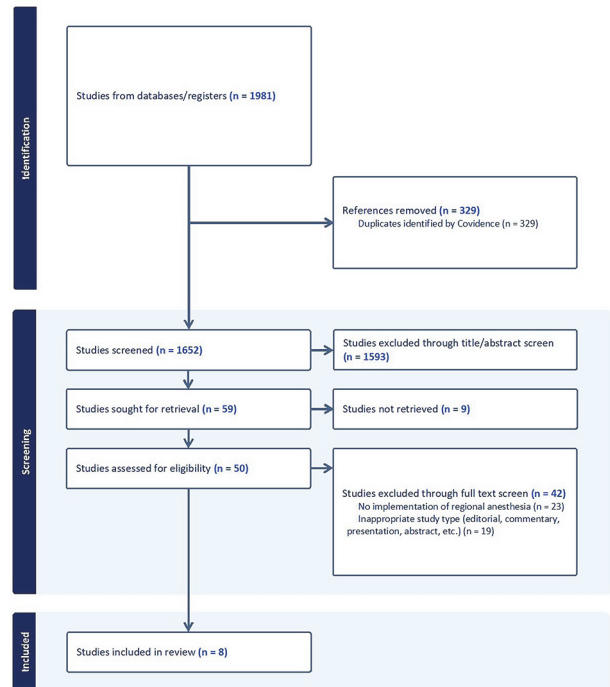
<sup>1</sup>Glen Katsnelson\*, <sup>2</sup>Connor Brenna, <sup>3</sup>Yasmeeen Mankinen Abdallah, <sup>3,4</sup>Laura Giron Arango, <sup>5, 2</sup>, <sup>6</sup>Faraj Wahib Abdallah, <sup>7, 4</sup>, <sup>3</sup>Richard Brull. <sup>1</sup>Department of Anesthesiology and Pain Medicine, University of Toronto, Toronto, Canada; <sup>2</sup>Department of Anesthesiology and Pain Medicine, University of Toronto, Toronto, Canada; <sup>3</sup>Department of Anesthesiology and Pain Medicine, University Health Network, Toronto, Canada; <sup>4</sup>Department of Anesthesiology and Pain Medicine, Toronto Western Hospital, Toronto, Canada; <sup>5</sup>Women's College Hospital Research Institute, Women's College Hospital, Toronto, Canada; <sup>6</sup>Department of Anesthesiology and Pain Medicine, St. Michael's Hospital, Toronto, Canada; <sup>7</sup>Department of Anesthesiology and Pain Medicine, Women's College Hospital, Toronto, Canada

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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?**

Katie Aldred\*. Medical School, University of Liverpool, Liverpool, UK

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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