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**

1Glen Katsnelson*, 2Connor Brenna, 3Yasmeen Mankinen Abdallah, 3, 4Laura Giron Arango, 5, 2, 6Faraj Wahib Abdallah, 7, 4, 3Richard Brull. 1Department of Anesthesiology and Pain Medicine, University of Toronto, Toronto, Canada; 2Department of Anesthesiology and Pain Medicine, University of Toronto, Toronto, Canada; 3Department of Anesthesiology and Pain Medicine, University Health Network, Toronto, Canada; 4Department of Anesthesiology and Pain Medicine, Toronto Western Hospital, Toronto, Canada; 5Women’s College Hospital Research Institute, Women’s College Hospital, Toronto, Canada; 6Department of Anesthesiology and Pain Medicine, St. Michael’s Hospital, Toronto, Canada; 7Department 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 anesthetic devices. The remaining five studies described genital surgery, comprising 50 patients of whom 56% were transgender women undergoing vaginoplasty with lumbosacral erector spiniae 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.

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...