optimize limited clinical posting time and improve student understanding.

### #36044 PERIOPERATIVE HYPERSENSITIVITY REACTION AFTER AN OPHTHALMOLOGIC BLOCK: CASE REPORT

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**Background and Aims**

Perioperative hypersensitivity reactions (PHR) are of great concern to anesthesiologists daily. During a procedure, several agents are administered sequentially in any anesthesia, which can trigger allergic reactions of lesser or greater severity. Otherwise, anaphylaxis is a severe, life-threatening, systemic allergic reaction that occurs rapidly after exposure to a sensitizing agent.

**Results**

Case report: 56 years-old female, ASA P1, without any known allergies, was admitted to right eye trabeculectomy. Sedation was performed with midazolam and fentanyl to perform the peribulbar block of the eye under adequate asepsis, with injection of 5 ml of 1% ropivacaine and 300 UI of hyaluronidase, with Nicoll Scale, equal to 8, four-quadrant akinesia. After 3 hours, the patient presented slight edema in periorbital tissue, with spontaneous regression of the condition. After 5 days, the patient returned to the clinic to perform the same surgery due procedure failure. After a few minutes from the blockade, the patient presented an important periorbital cold edema, associated with nausea and urticaria, and the diagnostic hypothesis of PHR class II of Ring & Messmer Scale was suggested. The treatment was immediately performed with aliquots of 20mcg of adrenaline, 250 mg of hydrocortisone and clinical support, that led to regression of the symptoms.

**Conclusions**

**Discussion**

Recently, a new consensus was released about the nomenclature of perioperative hypersensitivity, since some terms are not used anymore. Besides that, the variability of symptoms challenges the anesthesiologist in care of the patient, that can be able to diagnose and treat any suspected perioperative allergic reactions.

### #34113 DISTAL APPROACHES OF ULTRASOUND-GUIDED INTERCOSTAL NERVE BLOCK IN PATIENTS WITH ACUTE ZOSTER-ASSOCIATED PAIN: A QUANTITATIVE DESCRIPTIVE RESEARCH

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**Background and Aims**

Nerve blocks are commonly performed to prevent the chronicity of postherpetic neuralgia in the acute phase. This study investigated whether distal approaches of intercostal nerve block are effective for zoster-associated pain in the thoracic spinal cord region.

**Methods**

This was a descriptive study conducted between January 2013 and January 2023, targeting patients who visited our department within three months of onset and received nerve blocks. Patients who underwent pulsed radiofrequency treatment were excluded. The Conventional (C) group received conventional treatments such as paravertebral, epidural, and intercostal nerve blocks, while the Peripheral (P) group received nerve blocks at distal sites of intercostal nerves, such as the serratus anterior plane block, rectus sheath block, and transversus abdominis plane block. The duration of nerve block required by patients was examined.

**Results**

There were 18 patients in the C group and 19 in the P group. There were no significant differences in age, affected spinal cord site, presence of sleep disorders, presence of risk factors for refractory cases, duration to initial visit, or EQ-5D score. The median duration of nerve block requirement was 35 (7-97) days in the C group and 18 (7-38) days in the P group.

**Conclusions**

The distal approaches of intercostal nerve block may also be a treatment option in patients with acute zoster-associated pain.

**Attachment**

(Attachment) (Form2) Approved by IRB #2022-024.pdf

### #34837 DECISION-MAKING FRAMEWORK TO UNDERTAKE REGIONAL ANAESTHESIA IN PATIENTS WITH POOR COMORBIDITIES AND DIMINISHED MENTAL CAPACITY

Tong-Khee Tan*. Array, Array, Array

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**Abstract #36044 Figure 1**

Associated edema after the second block – Class II of Ring & Messmer Scale
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Background and Aims Informed consent forms the cornerstone of regional anaesthesia. In patients lacking mental capacity, risks of a performing a particular regional technique/alternatives would not be able to be conveyed. The decision to use regional techniques may make anaesthetists uncomfortable especially if the incompetent patient has no family members/legal representatives. This poster suggests using Jonson's 4box approach (1) to aid anaesthetists' decision-making/justification when using regional techniques in sub-optimal patients.

Methods 85 year old severely demented Mr.X, bedbound, was from state-run nursing home for destitutes. He was admitted with wet gangrene of right foot/toes in severe distress. He developed a sepsis-related myocardial infarction needing dual anti-platelets(clopidogrel, aspirin). A debridement/toes amputation was planned, under popliteal/saphenous nerve block, despite his coagulopathic state.

Results Box1: Medical indications. To remove source of sepsis and pain relief, without general anaesthetic risks. Box2: Patient preference. Would he want surgery under regional block when coagulopathic, with complications such as haematoma/nerve injury? Lacking capacity and needing urgent procedure, the anaesthetist made decisions based on best interest/necessity.

Box3: Quality of life. His premorbid state was miserable but his current state worse as he was in pain and septic. Box4: Contextual features. There was no dignity having a smelly/painful septic gangrenous foot. Regional technique was safer than general anaesthetic in view of his recent infarction. Not without risks, the peripheral nature of the block and using ultrasound guidance made it safer.

Conclusions The four box approach was used to guide decision to perform a nerve block in a coagulopathic patient, who was unable to discuss risks and alternatives. The over-riding consideration acutely was his dignity, comfort.

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THE PREVALENCE OF FRAILTY AMONG ELDERLY UNDERGOING SURGERY FOR LOWER LIMB FRACTURES UNDER SPINAL ANAESTHESIA

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Background and Aims Frailty is a syndrome characterized by multi-system dysfunction and poor stress response, leading to falls, disability, increased morbidity, and mortality. This study aims to determine the prevalence of frailty in elderly patients undergoing spinal anesthesia for lower limb fractures and identify key frailty factors to optimize them preoperatively.

Methods Over a 4-month period, 64 eligible patients undergoing surgery for fractures due to falls were included. Following informed consent, patients completed a pre-designed questionnaire including socio-demographic information, medical history, and the Tilburg Frailty Indicator (TFI), a validated tool for use in Greece that assesses physical, psychological, and social frailty factors. TFI scores ≥5 indicate frailty (statistical analysis: SPSS 26, p<0.05).

Results The mean age was 82.06 ± 9.26 years. Of the participants, 62.5% were female, 76.6% had <9 years of education, 90.6% were retired, 57.8% were married, 42.2% were widowed. 71.9% reported prior falls, while 70.3% feared future falls. 40.6% used ≥5 medications/day, and 21.9% had ≥5 coexisting diseases. According to the TFI, 57.8% of patients were frail. Frailty was significantly associated with older age, lower education level, widowhood, fear of falling, polypharmacy (≥5 medications/day), and multimorbidity.

Conclusions A considerable proportion of elderly patients with lower limb fractures were identified as frail. It is crucial to implement preoperative interventions on a large scale (e.g., empowerment programs, psychological support, exercise, a healthy diet, and minimizing polypharmacy) to reduce frailty and optimize patient conditions before surgery, in order to promote healthy aging and ensure that patients are in the best possible condition prior to surgery.

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