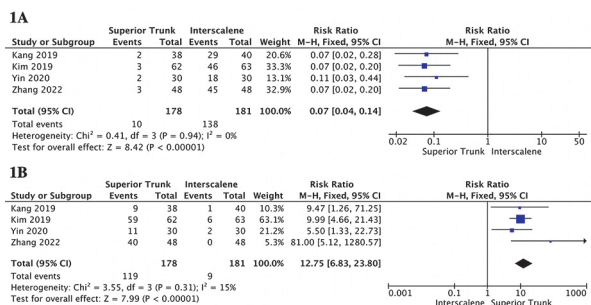
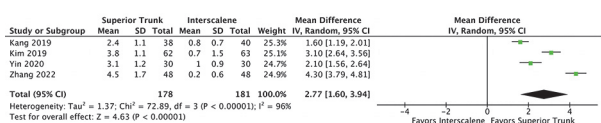


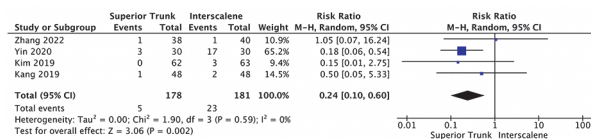
difference. Our study represents the largest sample size available comparing these techniques, and our results indicate that probably there was enough statistical power for the majority of outcomes analyzed.



Abstract OP039 Figure 1 The STB demonstrated less total hemidiaphragmatic paralysis (1A), and an increased absence of hemidiaphragmatic paralysis (1B) than the ISB



Abstract OP039 Figure 2 There was a significantly better diaphragmatic excursion 30 minutes after the STB than the ISB



Abstract OP039 Figure 3 There was significantly less subjective dyspnea in the STB group when compared to the ISB

Conclusions Our findings suggest that STB is safer than ISB, as it results in a lower incidence and extent of hemidiaphragmatic paralysis, while demonstrating similar block efficacy.

OP040 QUALITY OF RECOVERY AFTER HIP FRACTURE SURGERY: PERICAPSULAR NERVE GROUP BLOCK VERSUS FASCIA ILIACA COMPARTMENT BLOCK

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10.1136/rapm-2023-ESRA.40

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Application for ESRA Abstract Prizes: I apply as an Anesthesiologist (Aged 35 years old or less)

Background and Aims Pericapsular nerve group(PENG)block provides an effective blockade to the articular branches of the

femoral,obturator and accessory obturator nerves compared with the fascia iliaca compartment block(FICB).We aimed to compare the efficacy of these two blocks for enhancing recovery in elderly patients scheduled for hip fracture surgery.

Methods This study was a prospective randomized clinical trial. We included consenting patients undergoing hip fracture surgery. Patients with dementia or clinically significant cardiovascular, renal, hepatic or neurological illness were excluded. Patients were randomly divided into 2 groups to receive either ultrasound-guided PENG block(PENG group)or FICB(FICB group),using 20 ml of 0.2%ropivacaine.Spinal anesthesia was performed after 20 min.The primary outcome was the Quality of Recovery-15(QoR-15)scores at 24h postoperatively.The secondary outcomes were to compare the quadriceps weakness and the VAS at rest and on movement on postoperative day1.

Results Eighty patients were randomized and equally allocated between the two groups.Baseline demographics and preoperative QoR-15 values were similar for the two groups.The postoperative QoR-15 was better in the PENG group compared to the FICB group with a statistically significant difference (p=0.04).The median increase of the QoR-15 at 24h after surgery was 20[14.5-29.75]in the PENG group versus 14[8.5-29]in the FICB group(p=0.04).Weakness of the quadriceps was significantly more observed in the FICB group (p=0.05). There was no statistically significant difference in terms of analgesic efficiency between groups on day 1 postoperatively: static VAS at 1[0-2]vs.2[0-3](p=0.31),dynamic VAS at 3.5[2-5] vs.4[3-4.5](p=0.67)in the PENG group and the FICB group respectively.

Figure: Difference in the QoR-15 scores between preoperative and postoperative periods in both groups

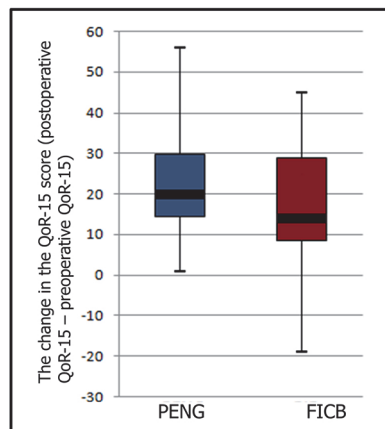


Table: Weakness of the quadriceps 1 day after each block

	Weakness of the quadriceps	p value
PENG	18.4%	0.05
FCIB	42.4%	

Abstract OP040 Figure 1 Difference in the QoR-15 scores between preoperative and postoperative periods in both groups. Table: Weakness of the quadriceps 1 day after each block

Conclusions The PENG block provides a better quality of recovery after hip fracture surgery with preservation of quadriceps muscle strength.

OP041 THE ED95 DOSE OF COMMONLY USED LOCAL ANAESTHETICS FOR ULTRASOUND-GUIDED (USG) AXILLARY BRACHIAL PLEXUS BLOCKS: A PROSPECTIVE RANDOMISED TRIAL

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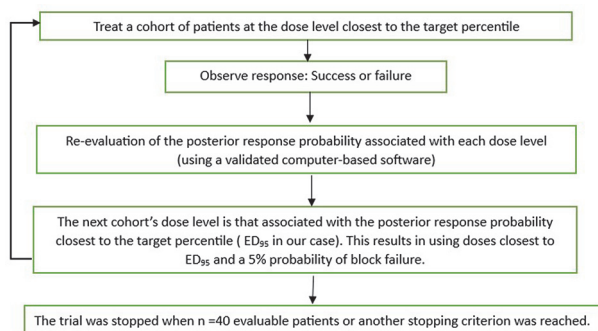
10.1136/rapm-2023-ESRA.41

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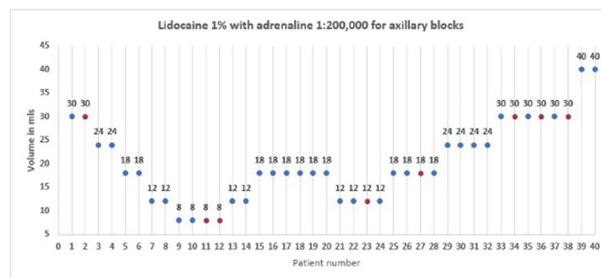
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Background and Aims The Continual Reassessment Method can provide a direct and reliable estimate of the dose at the desired percentile level. We used it to estimate the optimal doses of lidocaine 1% and 2% (both with adrenaline 1:200,000) for ultrasound-guided axillary plexus blocks as there is a lack of high-quality evidence in the literature regarding them.

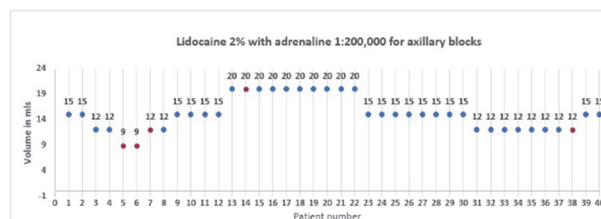
Methods Following local ethics committee approval, we invited patients of ASA grade I-III, BMI ≤40, presenting for an awake upper limb surgery to participate in this triple-blind, prospective trial. We randomised consenting patients between the two study drugs using the sealed envelope method. Two expert operators (experience of >1000 USG blocks) administered all the blocks under ultrasound guidance. We used 30mLs and 15mLs as the starting doses for lidocaine 1% and lidocaine 2% with adrenaline 1:200,000 respectively. Figure-1 shows the summary of the study design. We considered a block successful if there were no cold or pin prick sensations in the distribution of the four main peripheral nerves of the brachial plexus 30 minutes after the block was sited.



Abstract OP041 Figure 1 Flow chart illustrating the trial design based on the continual reassessment method: a bayesian adaptive method



Abstract OP041 Figure 2 Dose allocation sequence and patient outcomes in the study using lidocaine 1% with adrenaline. Blue dot=Successful block; Red dot=Ineffective block



Abstract OP041 Figure 3 Dose allocation sequence and patient outcomes in the study using lidocaine 2% with adrenaline. Blue dot=Successful block; Red=Ineffective block

Results We recruited forty analysable patients in each group (figures 2 and 3) and estimated the ED95 for lidocaine 1% and 2% with adrenaline 1:200,000 as 400 mgs (95% Credibility Interval: 89.5% to 99.2%) and 300mgs (95% Credibility Interval: 87.4% to 97.5%) respectively.

Conclusions We estimate 40mLs of lidocaine 1% (adrenaline 1:200,000) and 15mLs of lidocaine 2% (adrenaline 1:200,000) have a 95% probability of success for an ultrasound-guided axillary block sited using ‘in-plane’ multiple injections technique. Reference:Garrett-Mayer E. Clin Trials. 2006;3(1):57-71

OP042 COMPARISON BETWEEN PERIARTICULAR INFILTRATION, PERICAPSULAR NERVE GROUP AND SUPRAINGUINAL FASCIA ILIACA BLOCKS ON POSTOPERATIVE FUNCTIONAL RECOVERY IN TOTAL HIP ARTHROPLASTY: PRELIMINARY RESULTS FROM A RANDOMIZED CONTROLLED CLINICAL STUDY

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10.1136/rapm-2023-ESRA.42

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Background and Aims Pain after posterolateral-approached total hip arthroplasty (PLTHA) may affect early functional