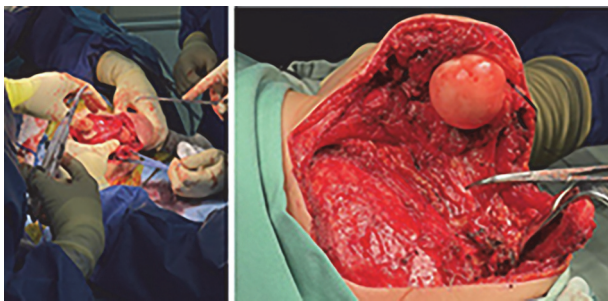


Abstract #36121 Figure 2 Location of peripheral and neuraxial continuous catheters



Abstract #36121 Figure 3 Scapulectomy (on left) and Brachial plexus post-scapulectomy (on right)

Conclusions The combination of neuraxial and regional analgesia was beneficial intraoperatively. Epidural patient controlled analgesia was effective in the early post-operative period, as part of multi-modal analgesia. This treatment enabled a rapid and calm recuperation considering the extent of the surgery.

#36491 ALTERNATIVE METHODS FOR ANALGESIA IN A POLYTRAUMATIC PEDIATRIC PATIENT WITH A HIP FRACTURE, CONTRAINDICATED FOR OPIOIDS

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Please confirm that an ethics committee approval has been applied for or granted: Yes: I'm uploading the Ethics Committee Approval as a PDF file with this abstract submission

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

Background and Aims Hip fractures in young individuals and children often occur due to high-energy injuries such as traffic accidents or falls from heights, often accompanied by poly-trauma. Managing the intense pain in these patients and ensuring hemodynamic stability calls for a multimodal approach to pain control, both during surgery and throughout their stay in the ICU. External fixation through the traction method is typically employed to stabilize the patient's leg. We present a 16 years old polytraumatic patient with a hip fracture who also had a medical history of chronic use of

psychoactive substances. The patient had a diagnosis of schizophrenia and was receiving aripiprazole therapy. The patient's chronic use of psychoactive substances, in combination with the synergistic effect of opioids, tramadol, and aripiprazole, posed a risk for tolerance development, necessitating the exploration of alternative methods for analgesia.

Methods We utilized an ultrasound-guided femoral nerve catheter to administer a continuous infusion of Ropivacaine 0.125% at a rate of 6ml/h. Assessment of the level of analgesia was done using pain scales- VAS,NRS.

Results During the patient's ICU stay, no additional intravenous analgesics were required, except for the standard pain relievers supplemented with non-steroidal anti-inflammatory drugs

Conclusions The femoral catheter proved to be a simple, effective, and relatively safe method of analgesia. The ultrasound-guidance of the technique allowed for precise monitoring of local anesthetic spread, needle and catheter placement, and helped mitigate potential risks and complications. It represents a favorable choice for providing analgesia in polytraumatic patients with hip fractures and risk of opioid tolerance

Attachment Ethic Committee. Hip fracture pdf.pdf

#36457 LAMB-SHAFFER SYNDROME: WHEN THERE ARE NO REPORTS, REGIONAL ANESTHESIA MIGHT BE THE ANSWER

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Please confirm that an ethics committee approval has been applied for or granted: Not relevant (see information at the bottom of this page)

Background and Aims Lamb-Shaffer syndrome is a genetic intellectual disability reported in less than 100 patients worldwide. Most patients show facial dysmorphism, including depressed nasal bridge, micrognathia and crowded teeth. We could not find any reports on anesthetic management in these patients. Halo traction before scoliosis surgery (the most common in this syndrome) provides gradual correction, minimizing complications. Although scalp block is widely described in neurosurgery, we have not found reports on its use in this orthopedic procedure.

Methods A 8 year-old ASA III status girl with Lamb-Shaffer syndrome was proposed for application of a halo fixator for traction before scoliosis correction. The patient presented with a difficult airway, due to scoliosis, mandibular hypoplasia and crowded shark teeth. To avoid airway approach, we opted for combining sedation with regional anesthesia. Nonetheless, we prepared difficult airway material and discussed the possibility of an emergent airway with the surgical team. We inserted a nasal cannula with oxygen and a capnography line, with additional basic ASA monitoring. For sedation with spontaneous ventilation, we combined ketamine and dexmedetomidine. With the patient sedated, we did a bilateral scalp block using anatomical references.

Results The case was uneventful, and the patient maintained spontaneous ventilation the entire 45-minute procedure. There were no postoperative complications.