Abstracts

#36491 ALTERNATIVE METHODS FOR ANALGESIA IN A POLYTRAUMATIC PEDIATRIC PATIENT WITH A HIP FRACTURE, CONTRAINDED FOR OPIOIDS
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Application for ESRA Abstract Prizes: I apply as an Anaesthesiologist (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 polytrauma. 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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Background and Aims Lamb-Shaffer syndrome is a genetic intellectual disability reported in less than 100 patients worldwide. Most patients show facial dysmorphia, 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.
Conclusions Lamb-Shaffer syndrome is an extremely rare disease, posing a great challenge on airway approach. Sedation with ketamine and dexmedetomidine associated with scalp block is a safe and feasible anesthetic option for application of a halo fixator. This strategy allows for spontaneous ventilation, especially relevant in difficult airway scenarios.

#34496 SACRAL ERECTOR SPINAE PLANE BLOCK FOR SACRAL SOFT TISSUE RESECTION

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

Background and Aims The sacral erector spinae plane (ESP) block is a promising technique for managing postoperative pain in perineal procedures. It involves injecting a single dose of medication into the midline, which can provide bilateral pain relief. This technique has been shown to be effective in multiple case reports, with some suggesting that it may be as effective as neuraxial anesthesia.

Methods Retrospective analysis.

Results We present a case study of a 17-year-old male patient who underwent biopsy and resection of a cystic sacral mass under general anesthesia with sacral ESP block for pain management. The procedure was performed using ultrasound guidance, and the patient did not require any additional narcotics during the surgery. Following the procedure, the patient reported no pain and did not require any opioids or pain medications during his recovery at home.

Conclusions This case highlights the potential benefits of using sacral ESP block as a part of multimodal anesthesia in perineal procedures. While central techniques are commonly used for this type of surgery, peripheral blocks like sacral ESP block may be a viable alternative for patients who are not candidates for central blockade. By reducing the need for opioids, this technique has the potential to decrease the length of stay in the PACU and increase overall patient satisfaction.

#33672 CONTINUOUS INTERSCALENE BLOCK FOR POSTOPERATIVE ANALGESIA IN PEDIATRIC PATIENT WITH OPEN HUMERUS FRACTURE AND EXTERNAL FIXATION

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Background and Aims Open humerus fractures occur in high energy major trauma. The incident rate in children is rare (<10%) predominantly between 9y and 15y of age. Pediatric analgesia, especially regional anesthesia and the use of peripheral nerve catheters is challenging but beneficial. Ultrasound guidance precises catheter placement, its effectiveness and sufficiency.

Methods 13y old boy, 62kg, suffers isolated open humerus fracture after car accident with metal platform hitting the car. He had 5/5cm bleeding lacerated wound in lateral humerus with preserved circulation, radial nerve contusion, restricted wrist and thumb extension. Initial treatment included wound debridement and external fixation of the fracture under general anesthesia. At the end of the procedure an US- guided interscalene catheter was placed (4cm depth) followed up by bolus of Lidocaine 50mg + Ropivacaine 25mg and continuous infusion of Ropivacaine 0.1% V= 6ml/h. Patient needed no additional analgesia during the first postoperative day. He underwent second final surgery two days later, requiring catheter removal. Fracture was fixed with two intramedullary nails with no nerve palsy and no bleeding. Postoperative pain control included fractured doses of intravenous paracetamol and tramadol.

Results Patient remained calm and pain free during the first postoperative day with subjective pain score of 0-1 points (Visual Analogue Scale). Analgesia continued orally and intravenously after catheter removal and bone repairing.