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.

**SACRAL ERECTOR SPINE PLANE BLOCK FOR SACRAL SOFT TISSUE RESECTION**

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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)

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.

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


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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** 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 peripher- al 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 gen- eral anesthesia. At the end of the procedure an US- guided intrascalenale 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 intra- venously after catheter removal and bone repairing.