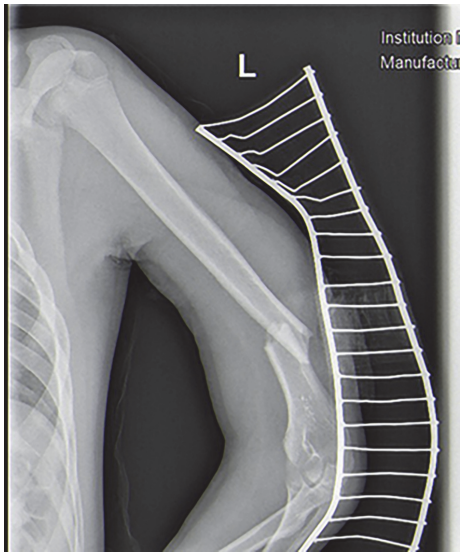
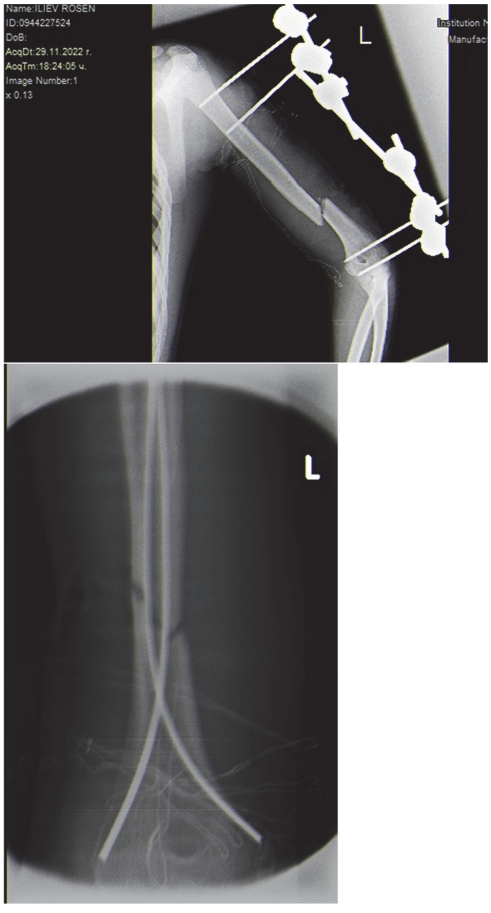


Abstract #33672 Figure 1



Abstract #33672 Figure 2

Conclusions Open proximal humerus fractures in children are uncommon and therefore challenging for treatment and pain control. External fixation is adequate initial treatment option but requires potent analgesia. US- guided intrascalene catheter s convenient and effective method for pain control.

#36503 EFFICACY OF THE SACRAL MULTIFIDUS PLAN BLOCK FOR RECTAL BIOPSY IN CHILDREN

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10.1136/rapm-2023-ESRA.481

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 don't wish to apply for the ESRA Prizes

Background and Aims Multifidus muscle is one of the transversospinales muscles, a group of muscles extending from cervical spine to sacrum. Previous reports of local anesthetic injections into nearby interfascial sacral planes show effective long-term analgesia for anal and urogenital procedures for both adult and pediatric patients. We aimed to evaluate the efficacy of multifidus plan block on postoperative analgesia and opioid consumption in rectal biopsy in children. Our primary aim was to evaluate postoperative pain scores, and our secondary aims were to evaluate the first postoperative analgesic requirement, total analgesic requirement in the first 24 hours and side effects.

Methods A prospective, double-blind, randomized controlled study was conducted, including 40 patients aged between 0 and 2 years undergoing rectal biopsy.Group B patients will be placed in pron position and bilateral multifidus plan block will be performed with local anesthetic solution prepared with 1ml/kg bupivacaine at 0.25% concentration with ultrasound guidance using in-plane technique from cranial to caudal direction. Group C (control) regional block will not be performed.

Results Pain scores were significantly lower than control group all time points except 1, 18,24h. The time to first rescue analgesic was significantly longer and cumulative analgesic doses was lower in group B.

Conclusions During the rectal biopsy, tissues are excised from external anal sphincter for pathological examination. As this procedure is quite painful and is often performed in neonates and infants, regional analgesia may be desirable to reduce the need for opiates. We believe multifidus plane block can be an effective and safe block for these patients.

Attachment Doç.Dr.Pınar KENDİGELEN etik kurul kararı (1).pdf

#36144 EFFECTS OF THE KETOGENIC DIET IN PEDIATRIC PATIENTS WITH EPILEPSY AND ITS ASSOCIATION TO PARENTAL STRESS

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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 don't wish to apply for the ESRA Prizes

Background and Aims This systematic review strives to survey the various outcomes from a ketogenic diet in epileptic children. More specifically, to analyze evolving levels of parental stress from maintaining a lifestyle accompanied by anti-seizure medications. A balanced diet is vital to the wellbeing of children with epilepsy. Indeed, a ketogenic diet should potentially offer a positive impact on a child's seizure control. Epilepsy type, duration, and seizure number are common variables.
Methods In coalescence to a detailed literature search from the PubMed database, the NCBI National Library of Medicine database was also used. Data specific to parental stress as a result of the ketogenic diet for children with epilepsy. Variables such as type of epilepsy, length of diet, and amount of seizure control were explored.
Results Data retrieved from the above-mentioned literature depict the effect on parents sustaining a ketogenic diet for their children with epilepsy. Studies were performed over a period of 12 months. This study could be used to reflect on the effects a ketogenic diet has on seizure control in epileptic children. Moreover, to reflect on the parental stress as a result of this specific diet.
Conclusions A ketogenic diet in children with epilepsy offers an impactful change to better control seizures. The connection of this study could be used to assess the relationship between a well balanced diet and seizure control in children with epilepsy. More research is needed to corroborate the functionality of a ketogenic diet in epileptic children.

#35867 KETODEX AND REGIONAL ANESTHESIA IN A PEDIATRIC PATIENT WITH A CHALLENGING AIRWAY: A CASE REPORT

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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 Ketodex is effective in achieving sedation and has a favorable safety profile in pediatric patients undergoing MRI and invasive procedures, while producing minimal adverse effects.
Methods A 6-year-old female patient, ASA III status, weighing 21 kg, with a history of type I mucopolysaccharidosis was proposed for bilateral median nerve release with tourniquet due to carpal tunnel syndrome. Preoperative evaluation showed indicators of a potentially difficult airway (Mallampati class IV, retrognathia, limited neck extension, macroglossia). The patient was proposed for locoregional anesthesia with sedation and standard ASA+BIS monitoring. A loading dose of ketamine+dexmedetomidine ('ketodex') was administered, according to the hospital protocol, consisting of 1 mg/kg of ketamine and 1 µg/kg of dexmedetomidine over 10 minutes. The patient maintained SpO2>98% with 2 L/min of nasal cannula, hemodynamic stability, with BIS 70-80 on EEG. Bilateral costoclavicular blockade was performed under ultrasound guidance with 5 mL of 0.2% ropivacaine + 5 mL of 1.5% mepivacaine. Sedation was maintained with a titrated dose of ketodex according to BIS (maximum dose 1 µg/kg/h). Administration of 300 mg of paracetamol and 10 mg of ketorolac at the end.
Results The procedure was completed without complications. The patient was transferred to the post-anesthesia care unit without pain complaints, hemodynamically stable, and with SpO2 ~99% with 1 L/min of nasal cannula.
Conclusions This case underscores the importance of tailored anesthetic management in pediatric patients with comorbidities and difficult airway. Effective implementation of clinical guidance protocols and in-depth knowledge of drug pharmacology were crucial for the successful anesthetic management in this case report.

Peripheral nerve blocks

#36545 SINGLE SHOT PERIPHERAL NERVE BLOCKS WITH LIPOSOMAL BUPIVACAINE FOR FRACTURE NECK OF FEMUR AT PREOPERATIVE SETTING: CASE SERIES OF A QI INITIATIVE- A DGH EXPERIENCE

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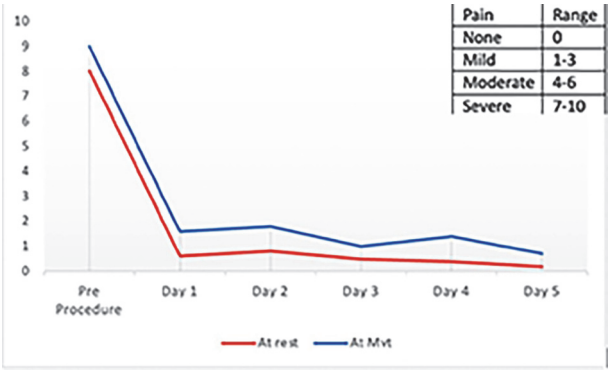
10.1136/rapm-2023-ESRA.484

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
Background and Aims Liposomal bupivacaine (LB) may provide analgesia up to 96 hours following single shot injection. Its role in perioperative pain management regimen is still emerging(1). As a part of on-going quality improvement (QI) project, we introduced LB in peripheral nerve blocks (PNBs) for patients who admitted with fracture neck of femur (NOF) requiring extended optimisation prior to surgery. We aimed to audit the place of LB as an alternative to the continuous catheter technique.
Methods Info poster was introduced. Ultrasound-guided PNBs were performed by the regional anaesthetists at ward setting on the request of trauma or acute pain team. We examined the pain scores at rest and on movement, opioid and antiemetic use, and time until first mobilisation post-operatively over 96h duration.



Abstract #36545 Figure 1 Pain scores at rest and on movement over 96 hours