

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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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

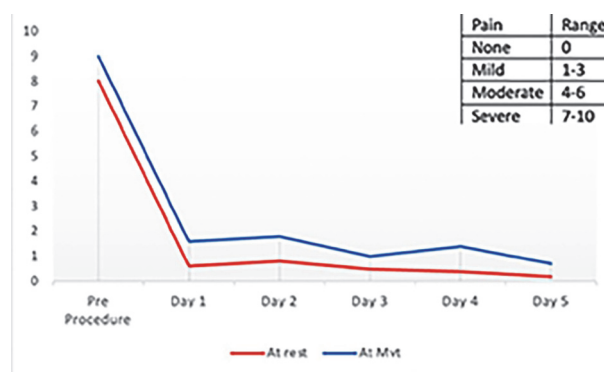
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Background and Aims Liposomal bupivacaine (LB) may provide analgesia up to 96 hours following single shot injection. Its role in perioperative pain management regimen is still emerging(1). As a part of on-going quality improvement (QI) project, we 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 anti-emetic 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

Results 20 patients received PNB with LB. FICB was performed in 100% along with PENG block in 40%. Pain scores across the first 96 hours post-PNB are displayed in figure 1. During the hospital course, 40% of patients required opioid prior to PNB, and thereafter it had been reduced to 5%, 15%, 0% 15% and 15% in consecutive day 0 to 5. Neither of them were required antiemetics nor limited mobility due to pain on within first 24 hours.

Conclusions PNB with LB may be beneficial in vulnerable patients with fracture NOF who may wait beyond the window period for surgery as a part of multimodal analgesia. However, a case series may not be enough to demonstrate a reliable outcome and formal clinical trials are needed to establish the true contribution of LB.

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#35894 REGIONAL ANESTHESIA PRACTICE IN SUB-SAHARAN AFRICA: CASE OF THE YAOUNDE EMERGENCY CENTRE (CURY), CAMEROON

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

Background and Aims Regional anesthesia has many advantages, including ensuring quality of preoperative care. The objective of our study was to describe the practice of regional anesthesia at Yaounde emergency center (CURY).

Methods We conducted a retrospective study from 2015 to 2022. Any patient operated upon in the Yaounde Emergency Centre operating rooms during the study period was included. Data were analysed using Epi Info 7.0 software.

Results We recorded 2760 procedures of which 532 cases were performed under regional anesthesia. The average age was 40 years, ranging from 2 to 93 years. The most common regional technique used were: spinal anesthesia (83%), combine epidural and spinal anesthesia (8%) and peripheral nerve blocks (7.5%). The most common nerve blocks were: axillary block (40%), inter-scalene block (32%), supra clavicular block (10%). Trauma surgery was the main indication. The indications for spinal anesthesia were lower limb surgery (79%). The indications for peripheral nerve block were mainly upper limb surgery. Neurostimulation was the most commonly used technique for peripheral nerve blocks. There were no major complications.

Conclusions Regional anesthesia is not widely practiced at Yaounde emergency Centre. Training could be one of the strategic axes to improve practice

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#33930 PATHOLOGIC HUMERAL FRACTURE, LUNG CANCER AND 58 PACKYEARS – WHAT TO DO?

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Application for ESRA Abstract Prizes: I don't wish to apply for the ESRA Prizes

Background and Aims The potential block of the phrenic nerve whilst performing an interscalene plexus block can be devastating in certain patient groups. We present a report where close communication with surgeons and the patient as well as an unconventional approach can help in such cases.

Methods Consent from the (deceased) patients next of kin was obtained. A 72 – year old woman presented with a pathologic midhumeral fracture due to a metastasized lung cancer. The patient's history included oxygen – dependent COPD with a 58 – PY – smoking habit. CT showed a large mass in the right lung, saturation was 85% with 2 l/min oxygen, Hb 86. Proximal intramedullary nailing was indicated due to fracture displacement. Given the risks of controlled ventilation on the one hand and diaphragm paralysis on the other hand we opted for a rather unconventional approach.

Results In order to provide good pain relief for operation without compromising phrenic nerve function we identified the phrenic nerve, followed its course along the anterior scalene muscle and opted for a low – volume – supraclavicular nerve block in combination with a suprascapular nerve block and local anesthesia. The patient received additional intravenous Midazolam. The operation was uneventful and the patient recovered well from the fracture.

Conclusions Our case report shows that it is possible to provide sufficient surgical analgesia without compromising respiratory function for humeral surgery by thoroughly considering anatomical aspects and by having an open dialogue with our orthopedic colleagues.

#36237 PREDICTION OF THE NERVES DEPTH DURING LIMBS' PERIPHERAL NERVE BLOCKS IN CHILDREN

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Application for ESRA Abstract Prizes: I don't wish to apply for the ESRA Prizes

Background and Aims The Peripheral Nerve Blocks (PNB) are becoming a major analgesic technique for the children's inferior/superior limbs surgery. The objective of this research is to