

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 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 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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10.1136/rapm-2023-ESRA.485

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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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10.1136/rapm-2023-ESRA.486

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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 patients 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 relieve 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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10.1136/rapm-2023-ESRA.487

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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

design a formula which will help predict with accuracy the depth of the nerves according to the weight of patients benefiting from PNB.

Methods This prospective and analytical study includes children that will undergo limbs surgery. The PNB were realized with a guided ultra-sound or a neurostimulation. Additionally, the Distance between the Nerve and the Skin (DNS) was measured in all children under study. The data were analyzed by SPSS '20' as well as Stata software for a linear regression.

Results 355 patients were included in this study. The average age was $9,29 \pm 4,13$ years old and the average weight was $34,7 \pm 17$ kg. The average DNS was $21,97 \pm 10,02$ mm. The findings also showed an average correlation $R^2 = 0,48$ between the DNS and the children's weight ($P < 0,001$). This enabled us to elaborate a formula to predict the length of the needle according to: the weight of the child, the detecting technique and the PNB type realized [DNS (DNP) = $4,33 + 5,48$ (technique) + $0,23$ (weight) + β (Corresponding to the type of block)]

Conclusions DNS measurement can be a good guide for needle placement in order to reduce the risk of nerves complications.

#36505 CASE REPORT: CONTINUOUS ESP BLOCK FOR EWING'S SARCOMA EXCISION OF THE RIBS IN A PAEDIATRIC PATIENT

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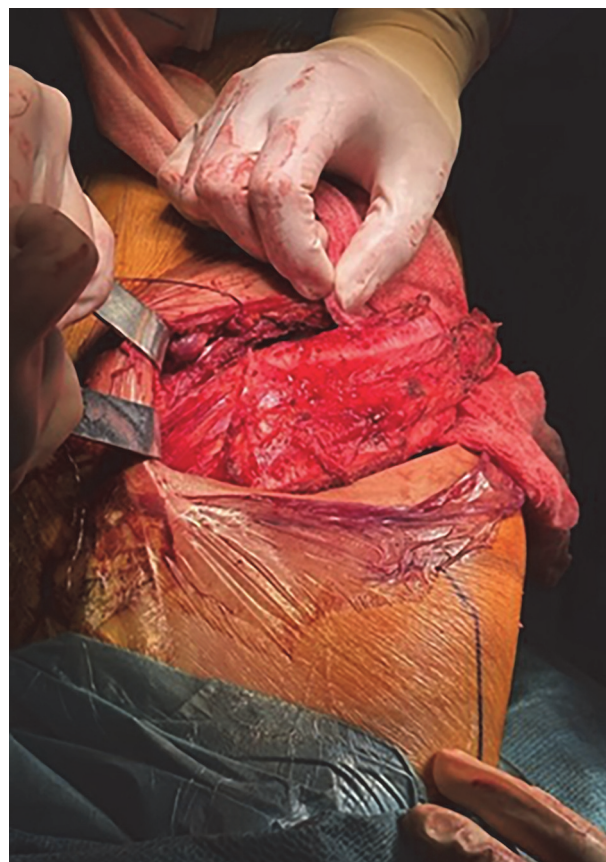
10.1136/rapm-2023-ESRA.488

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Background and Aims Erector Spinae Plane Block (ESPB) is a safe and effective analgesic alternative to epidural in patients with coagulation disorders. It was first applied in the paediatric population for postoperative pain management in 2017. It is particularly beneficial in the context of enhanced recovery following surgery protocols and multimodal analgesia. Single-shot or continuous infusion techniques have been previously described, and non-inferiority has been observed when compared with other locoregional techniques.

Methods A 10-year-old boy, weighing 38kg, ASA III, with chemotherapy induced pancytopenia, was scheduled for elective excision of Ewing's sarcoma of the 7th, 8th and 9th ribs. Following parental consent, general anaesthesia was combined with a continuous ipsilateral ESPB, performed under ultrasound guidance at T7 level. A bolus of 19mL 0.2% ropivacaine was administered. Perioperative analgesia was completed with lidocaine (1mg/Kg), ketamine (0.3mg/kg). At the end of surgery, acetaminophen (15mg/Kg) and morphine(0.1mg/Kg) were administered. Postoperative infusion with 0.2% ropivacaine (7ml/h) was combined with 3ml boluses 3 times a day, fix acetaminophen/tramadol and ketorolac SOS.

Results During surgery the patient remained hemodynamically stable. Postoperative pain VAS remained low (0-1), and no rescue analgesia was needed. The catheter was removed on day 7 with extreme patient satisfaction.



Abstract #36505 Figure 1 Ewing Sarcoma Surgical Resection



Abstract #36505 Figure 2 Continuous ESP Block at T7

Conclusions In this case report we demonstrate that continuous ESPB provides safe and effective pain management, as part of multimodal analgesia for thoracic open surgery in a paediatric patient with pancytopenia. Therefore, ESPB may be