#35878 COMBINED INTERSCALENE PLEXUS BLOCK AND GENERAL ANESTHESIA IN BRUGADA-SYNDROME

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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 Brugada Syndrome (BrS), a rare congenital disorder affecting cardiac sodium channels, poses significant risks during anesthesia. Patients are susceptible to sudden cardiac death, ventricular arrhythmias, and may be sensitive to certain anesthetic agents. Close cardiac monitoring is crucial to ensure their safety. Adequate pain control is mandatory, because pain and stress during surgery can increase sympathetic activity which can trigger arrythmias.

Methods A 19-year-old male, ASA ll clinical status, with BrS was proposed for a proximal humerus fracture repair. The patient was proposed for combined anesthesia with standard ASA+BIS monitoring.Defibrillator was prepared in the operating room, and the pads were attached to the patient. The patient underwent interscalene brachial plexus block with a perineural catheter placement, combined with general anesthesia. The ultra-sound guided technique was performed with the patient awake and 10ml of levobupivacaine 0.25% were administered through the catheter, after which general anesthesia was induced with propofol, fentanyl and rocuronium and maintained with sevoflurane.

Results During the perioperative period, the patient was hemodinamically stable with normal sinus rhythm and no ST segment changes. A 0.2% ropivacaine perfusion through the perineural catheter was started postoperatively, for pain control. The patient was discharged 36 hours after surgery without any complications, and a great pain control.

Conclusions The combined anesthesia provided intraoperative hemodynamic stability. Additionally, an opioid-sparing analgesia reduced the postoperative nausea and vomiting risk, thus avoiding the need for drugs that could increase the risk of arrhythmia in this patient. Therefore, this approach is important in patients with Brugada Syndrome, ultimately improving patient outcomes.

Attachment Consentimento Brugada.pdf

#36518 IS POPLITEAL BLOCK SUFFICIENT AS AN ANALGESIC TECHNIQUE FOR TOTAL ANKLE ARTHROPLASTY?

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Background and Aims There has been interest in investigating the optimal anesthetic method for Total Ankle Arthroplasty (TAA) to optimize perioperative outcomes. Saphenous block and sciatic nerve block are usually performed and have been extensively described. We report a case in which TAA was performed on both legs at different times. For the first surgery, a sciatic nerve block at the knee was performed for postoperative analgesia. However, for the second surgery, both a saphenous block and a sciatic nerve block were performed. The objective is to evaluate any improvement in postoperative pain control by adding a saphenous block.

Methods We present the case of a woman who underwent Total Ankle Arthroplasty (TAA) on both legs at different times. The surgeries were performed by the same surgeon under intradural anesthesia with Hyperbaric Bupivacaine 10 mg plus Fentanyl 10 mcg, Paracetamol and metamizol as postoperative analgesia. All blocks were performed using ultrasound. We evaluated postoperative pain control using the visual analogue scale (VAS) at 1, 6, and 24 hours after surgery.

Results We found no differences in pain control during the postoperative period. The VAS scores were 0 out of 10 at 1 hour, 2 out of 10 at 6 and 24 hours after surgery.

Conclusions Despite the absence of differences in postoperative pain control in this case, according to the results obtained by Bjørn S et al., most patients benefit from a saphenous block. We still recommend performing it due to its simplicity and minimal time consumption.

#36072 BRACHIAL PLEXUS BLOCK AS AN ANALGESIC AND THERAPEUTIC STRATEGY IN BUERGER'S DISEASE

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Background and Aims Buerger's disease is a non-arteriosclerotic segmental inflammatory occlusive vasculitis of small vessels, typically affecting the extremities. The main goal of treatment is to improve blood flow to the affected tissues, which can be achieved by reducing the activity of the sympathetic nervous system. One effective method for achieving this is through the use of brachial plexus block, which blocks sympathetic fibers and promotes vasodilatation.

Methods 36-year-old man, complaining of pain and trophic lesions in the extremities of the first and second fingers of the right hand with 1 month of evolution. Upon admission he reports pain 10/10 on the numerical rating scale, which has prevented him from sleeping for the last few days. We performed a brachial plexus block, supraclavicular approach and started patient controlled regional analgesia with Ropivacaine 0.2% 15ml every 4hours, 10ml bolus with 1hour lockout. He also started Alprostadil and Enoxaparin.

Results Patient always reported intensity less than 2/10 and he mentioned that since we performed theblock he was able to sleep again. Seven days after the treatment initiation, the signs attributed to poor perfusion in fingers regressed significantly and on the 14th day, no signs of poor perfusion were observed.

Conclusions We concluded that the brachial plexus block ensured the return of the patient's quality of life by greatly reducing the intensity of the pain and providing him with the possibility of being able to sleep. Furthermore, we believe that