

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

Catarina Petiz\*, Marco Dinis, Alexandra Resende, Miguel Laires. *Anesthesiology, Centro Hospitalar Universitário Lisboa Norte, Lisboa, Portugal*

10.1136/rapm-2023-ESRA.491

**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 arrhythmias.

**Methods** A 19-year-old male, ASA II 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 hemodynamically 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?

Karlos Gabriel Albiger Arias\*, Francisco José Añez Barrera, Fernando Colas Borrás, Claudia Izquierdo Pérez, Verónica Vargas Raidi, JB Schuitemaker Requena. *Anesthesiology, Hospital de Mataró, MATARÓ, Spain*

10.1136/rapm-2023-ESRA.492

**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** 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

<sup>1</sup>Jorge Carteiro\*, <sup>2</sup>André Aguiar. <sup>1</sup>Anestesiologia, Centro Hospitalar Lisboa Norte, Lisboa, Portugal; <sup>2</sup>Anestesiologia, Centro Hospitalar Universitário do Algarve – Hospital de Faro, Faro, Portugal

10.1136/rapm-2023-ESRA.493

**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** 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 the block 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

the contribution of the brachial plexus block was decisive for the success of the treatment.

### #36397 NEUROPATHIC LONG LATERAL THORACIC NERVE PAIN (NTLL) AS A CAUSE OF CHRONIC CHEST WALL PAIN. CASE SERIES

<sup>1</sup>Juan Bernardo Schuitemaker Requena\*, <sup>2</sup>Arturo Cohen Sanchez, <sup>3</sup>Lorne Antonio Lopez Pantaleon, <sup>1,4</sup>Laura Pozo Carou, <sup>5</sup>Ana Teresa Imbiscuso Esqueda, <sup>6</sup>Veronica Margarita Vargas Raidi. <sup>1</sup>Pain Medicine, Grup Creu Grogga, Calella de Mar, Spain; <sup>2</sup>6th year Medicine Student, Universitat de Vic – Universitat Central de Catalunya Facultat de Medicina, Vic, Spain; <sup>3</sup>Anesthesia and Pain Medicine, Hypnos S.L.P., Sant Cugat del Vallès, Spain; <sup>4</sup>Anesthesia and Pain Medicine, Hospital Quiron Barcelona, Barcelona, Spain; <sup>5</sup>Anesthesia and Pain Medicine, IAS Hospital Santa Caterina, Girona, Spain; <sup>6</sup>Anesthesia and Pain Medicine, Consorci Sanitari del Maresme. Hospital de Mataró, Mataró, Spain

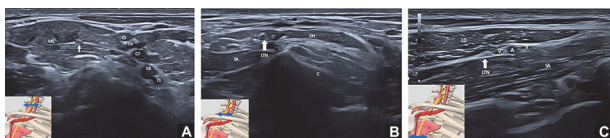
10.1136/rapm-2023-ESRA.494

**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** Non-specific costal pain, characterized by flank thoracic pain caused by entrapment of nerve branches, remains a challenge for pain management physicians. In this study, we present a series of cases where patients with flank pain achieved clinical improvement through the use of NTLL plane block (figure 1), combining local anaesthetic and triamcinolone acetate.

**Methods** Case1 28-year-old female patient with persistent pain following retro-muscular periareolar breast augmentation. Despite implant removal, the pain persisted, and physical examination, thoracic electromyography, and nerve magnetic resonance imaging showed normal results. Case2 52-year-old patient underwent mastopexy with breast implants and experienced lateral thorax pain beyond the surgical innervation area. After the NTLL block, the pain subsided but returned to lower intensity after three weeks. Pulsed radiofrequency ablation of the NTLL was subsequently performed. Case3 41-year-old patient without relevant medical history experienced sudden-onset pain in the left lateral thorax after engaging in regular paddle tennis. Pain resolution occurred after the block, allowing the patient to resume sporting activities. Case4 37-year-old patient with no significant medical history, presenting with sudden-onset diffuse tenderness in the left costal area. Complete symptom resolution was achieved following the block.



**Abstract #36397 Figure 1** Ultrasound and in plane approach to the long lateral thoracic nerve (From Faruch Bilfeld M, et al. *Diagn Interv Imaging*.2021Apr;102(4):241-5)

**Conclusions** To our knowledge, this is the first case series describing neuropathic pain associated with the NTLL. It is important to note that while LACNES has been recently introduced, not all cases of thoracic wall pain can be attributed to

this syndrome. Consideration of the innervation of the lateral thoracic wall and the potential contribution of the NTLL is crucial in diagnosing and managing such cases

### #36023 EXTERNAL OBLIQUE INTERCOSTAL NERVE BLOCK CATHETERS AND WOUND CATHETERS IN HEPATOBIILIARY SURGERY PATIENTS: EVALUATING ANALGESIC EFFICACY

Caspar Briault\*, Rita Agarwala, Hannah Morrison, Simone Misquita, Laura-Anne Dymore-Brown, Aidan Devlin. *Anaesthetics, King's College Hospital NHS Foundation Trust, LONDON, UK*

10.1136/rapm-2023-ESRA.495

**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** Effective postoperative pain management is challenging after open hepatobiliary surgery. Our trust increasingly uses spinal anaesthesia with regional techniques such as preperitoneal wound catheters (inserted by the surgeon prior to wound closure) and external oblique intercostal (EOI) blocks. The EOI is a novel block to deposit local anaesthetic in the fascial plane between the intercostal and external oblique muscles at sixth rib level. Case studies and cadaveric work offer positive evidence basis. We aim to evaluate the efficacy of both techniques.

**Methods** We collected retrospective data from consecutive HPB surgery patients who received spinal anaesthesia and either EOI block catheters or wound catheters. Data collected included pain scores, PCA requirements, time in HDU, length of stay, and time to bowel function and soft diet initiation.

**Results** Patients reported mild to moderate postoperative pain suggesting that both techniques, as part of multi-modal analgesia, are effective. EOI blocks may be a superior technique to wound catheters as patients who received EOI blocks had shorter stays in HDU, were discharged earlier, and reported lower pain scores. They also had earlier removal of PCAs, mobilisation, return of bowel function, and initiation of soft diet.

**Conclusions** Our study highlights the importance of evaluating and optimising postoperative pain management techniques ensuring patients receive the best possible care. The use of both preperitoneal wound catheters and EOI blocks, in combination with spinal anaesthesia, appear to provide effective analgesia these patients. Further work is needed to confirm the superiority of EOI blocks over wound catheters.

**Attachment** EOIB audit form2 Section 1.doc

### #35032 THE INCIDENCE OF TRANSIENT HYPERTENSION AFTER INTERSCALENE BLOCK FOR AWAKE SHOULDER ARTHROSCOPY IN THE LATERAL DECUBITUS POSITION

Nurcan Özcan Sert, Alper Kilicaslan\*, Sarkilar Gamze. *Meram Medical Faculty Anesthesiology, Necmettin Erbakan University, Konya, Turkey*

10.1136/rapm-2023-ESRA.496

**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