

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**

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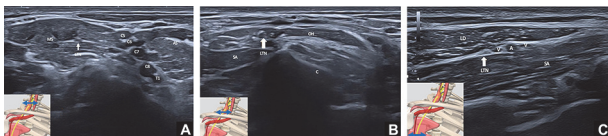
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**Background and Aims** Non-specific costal pain, characterized by flank thoracic pain caused by entrapment of nerve branches, remains a challenge for pain management physicians. In this study, we present a series of cases where patients with flank 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**

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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** 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**

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