

Results As the LOS was positive, lidocaine 2% 20ml with sufentanyl 5mcg was injected in fractionated doses associated with aspiration to avoid intravascular injection. The technique was tracked by an ultrasound image. The onset time was short and the efficacy was high.

Conclusions These two case reports come from the anatomical studies of the intercostal space, where some authors discussed the possibility of blocking many nerves with a single injection. A little change in the published technique and the addition of the ultrasound could make it safer.

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#34914 **ANESTHESIA AND POSTOPERATIVE PAIN MANAGEMENT IN HALLUX VALGUS AMBULATORY SURGERY: RETROSPECTIVE OBSERVATIONAL STUDY**

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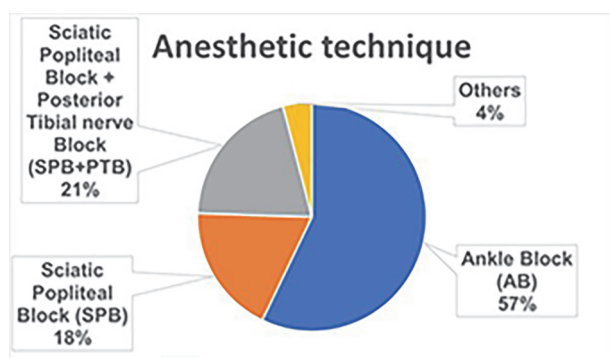
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Background and Aims Hallux valgus (HV) surgery is associated with severe postoperative pain, requiring an anesthetic-analgesic strategy based on peripheral nerve blocks (PNB). Our goal was to assess the anesthetic strategy and postoperative pain control in HV ambulatory surgery.

Methods A descriptive observational retrospective study was designed and included 49 patients in 2021 at Hospital de la Santa Creu i Sant Pau, Spain. Anesthetic techniques, time to discharge and postoperative pain at 24 hours of surgery were collected. Ethical approval was taken from Institut d'Investigació Biomèdica Sant Pau (IIBSP-HAL-2023-62).

Results The most used anesthetic technique was PNB in 95.92%: Ankle block (AB), sciatic popliteal block (SPB) with posterior tibial nerve block (PTB) and SPB exclusively. Only 6.4% of patients required general anesthesia due to a failed blockade. No patient required opioids as rescue analgesia. The median hospital discharge time was 115 minutes (92.5 min for AB versus 120 min for other PNB), with no statistically significant differences. At discharge, all patients reported NPRS scores of 0. On the day after, 65,3% (n=32) of patients reported NPRS score. Both techniques were effective in achieving mild pain (NPRS 2).



Abstract #34914 Figure 1 Anesthetic technique

Abstract #34914 Table 1 Peripheral nerve blocks

Technique	Local anesthetic	Volume (ml)	Dexamethasone
AB	Ropivacaine 0,75%	20	75%
SPB+PTB	Mepivacaine 1,5% // Ropivacaine 0,5%	15 // 5,5	10%
SPB	Ropivacaine 0,375%	20	33,33%

Abstract #34914 Table 2 NPRS 24h

NPRS 24h	% (n)
<=3	84% (25)
4-6	9.38% (3)
>=7	6.25% (2)

Conclusions The utilization of PNB for HV ambulatory surgery led to favourable analgesic outcomes and low complication rates. The most frequent PNB was the AB (77.5%), with adjuvants added in 57.89% of patients, achieving effective postoperative analgesia without motor block, which should have facilitated earlier discharge. However, our findings suggest that further improvements to our outpatient surgery pathway are needed, as we did not observe differences in discharge times.

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#34261 **FASCIA ILIACA BLOCK VERSUS LUMBAR PLEXUS BLOCK AS ANALGESIA IN HIP SURGERIES: A RETROSPECTIVE COHORT STUDY**

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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

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Background and Aims Although there is no gold standard regimen yet on regional or multimodal pain management for hip patients, some ultrasound-guided peripheral nerve blocks such as the fascia iliaca (FI) and lumbar plexus (LP) blocks were known to provide good analgesia, and to compare the effectiveness and safety of these two was the aim of this study.

Methods This was a retrospective, cohort type of study done through chart review of hip surgery patients at a tertiary care center. The primary endpoint was patient reported pain scores using numeric rating scale (NRS) at post-anesthesia care unit (PACU) and within 24 hours post-block.

Results From the 50 patients who underwent hip surgery, 36 and 14 patients were given ultrasound-guided FI and LP