

blocks, respectively. The clinical outcomes such as post-operative pain, length of stay at the PACU, and adverse events were comparable ($p > 0.05$) between the two groups. Overall, the post-operative pain score was graded as zero by the majority of patients at zero minutes up to 120 minutes, 92% and 88% respectively. A pain score of 6 to 10 (severe pain) was noted by 1 to 2 patients up to 60 minutes post-operative. There were no adverse events reported, and PACU stay was at a median of 2 hours, shortest was at 2 hours and longest was at 5 hours, which was noted in the FI group.

Conclusions Fascia iliaca and lumbar plexus blocks were both effective and safe in providing post-operative pain control in hip surgery patients.

Attachment CERTIFICATE OF APPROVAL – INITIAL.pdf

#36490 CASE REPORT: BILATERAL BRACHIAL PLEXUS BLOCKS FOR BILATERAL UPPER LIMB TRAUMA

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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 A 75 year old male presented to hospital with traumatic injuries after falling down stairs. He sustained multiple rib fractures, facial fractures and bilateral displaced radial fractures. The patient developed pulmonary contusions and rib fracture pain was managed with multimodal analgesia including an erector spinae plane catheter. He was listed for bilateral distal radial open reduction and internal fixation (ORIF) by trauma surgical team.

Methods Bilateral infraclavicular brachial plexus block performed whilst patient awake in supine position using an 80mm needle in plane with real time ultrasound. Total of 40 ml of 0.375% Bupivacaine used. Sedation was achieved with Propofol target controlled infusion and boluses of midazolam and ketamine. No airway intervention was required, the patient breathed spontaneously throughout.

Results Right and left distal radial ORIF were performed simultaneously with separate surgical teams with pneumatic tourniquets on each arm.

Conclusions In our experience anaesthetists would be hesitant to perform bilateral brachial plexus blocks due to concerns regarding inadvertent phrenic nerve block, local anaesthetic toxicity and perceived patient discomfort with bilateral motor block. We carefully calculated local anaesthesia doses for two blocks as well as considering the contribution of bupivacaine from the erector spinae plane catheter. Ultrasound guided infraclavicular block allowed us to reduce risk of phrenic nerve embarrasment and perform the block comfortably in a supine position with minimal patient movement. In this case regional anaesthesia avoided the perioperative risks of a general anaesthesia in a patient with significant chest trauma, the patient recovered well post-operatively.

#35774 EARLY DISCHARGE AFTER LOWER LEG SURGERY IN POPLITEAL AND SAPHENOUS NERVE BLOCK IN A 95-YEARS OLD PATIENT WITH A RECENT STROKE – A CASE REPORT

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Background and Aims The number of elderly patients presenting for trauma surgery is increasing with the aging population. The perioperative management of the elderly is often complicated by coexisting diseases and polypharmacy which may delay surgical treatment due to preoperative optimization. The anesthetic technique should be guided by the intended surgical procedure, patient preference and comorbidity. Frail elderly patients are at increased risk for postoperative complications, cognitive impairment, and longer hospital stays.

Methods A 95-years old female had unstable fracture after external fixation of tibia and fibula, due to trans calcaneal pin instability. She was scheduled for replacement of external delta frame fixator with supracutaneous locking plate but had an ischemic stroke six days after the first surgery. Six weeks after the stroke and partial recovery of left-sided hemiparesis, the extraction of delta frame and supracutaneous plate fixation has been performed in ultrasound-guided popliteal nerve block combined with a saphenous nerve block, with 0.75% ropivacaine.



Abstract #35774 Figure 1 Delta frame, external fixation, on right lower leg.