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

#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.
Results A small dose of ketamine, 15 milligrams, was administered during the surgical procedure in the peripheral nerve block as the patient indicated slight pain at the skin incision. Neither extra sedation nor analgesics were required during the surgery nor for ten hours following. The patient was pleased with the painless treatment and showed no signs of cognitive impairment, enabling safe discharge the following day. The patient is routinely going to surgical check-ups six months following the surgery.

Conclusions Peripheral nerve block should be considered where feasible in the primary approach to anesthesia and analgesia in the elderly patient.

#34089  
**ERECTOR SPINAE PLANE (ESP) BLOCK FOR ENDOSCOPIC RETROPERITONEAL ADRENALECTOMY: A CASE SERIES**

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10.1136/rpm-2023-ESRA.505

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**Background and Aims** The ESP block is an interfascial plane block first described in 2016 in the management of thoracic neuropathic pain. Since then, it has found use as an analgesic option in various settings including cardiac and spine surgeries. In this case series, we describe the application of an ESP block in two patients undergoing endoscopic retroperitoneal adrenalectomy.

**Methods** We conducted these ESP blocks as part of multimodal analgesia in conjunction with general anaesthesia. 25mls of 0.5% Ropivacaine was administered for both cases in the erector spinae plane in conjunction with general anaesthesia. This was conducted at the level of the T9 Transverse Process in Patient 1 and T12 Transverse Process in Patient 2.

**Results** The use of an ESP block provided satisfactory analgesia with a reported NPRS of 5 out of 10 with 90% satisfaction for our first patient on POD 1. Additionally, our second patient reported no pain at rest and mild pain on movement with 90% satisfaction for pain relief on POD 1. Both patients required 5mg of oxycodone cumulatively in the intra and post-operative period. Both patients required no additional opioids on the general ward and were discharged on POD1.

**Conclusions** The use of ESP blockade can be considered as an analgesic option in conjunction with multimodal analgesia for endoscopic retroperitoneal adrenalectomy surgery. This potentially allows for decreased opioid usage and reduction of its associated side effects. The use of such a technique to decrease incidence of chronic post-surgical pain (CPSP) in these patients remains to be studied.

#35947  
**NOVEL SALINE INJECTION TECHNIQUE FOR THE REVERSAL OF THE CONTINUOUS COSTOCLAVICULAR BLOCK**

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10.1136/rpm-2023-ESRA.506

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**Background and Aims** Although regional anesthesia provides prolonged postoperative analgesia, there is no suitable method that can facilitate early reversal of the blockade until the duration of action of the local anesthetic has elapsed. A large