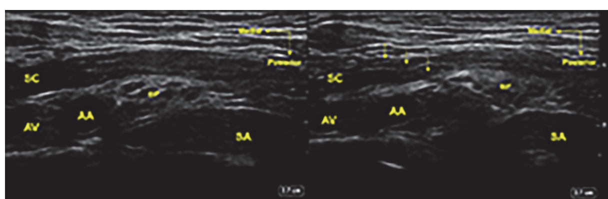
quantity of saline is used to reverse the central neuraxial block. However, to the best of our knowledge, a few study has reported a method for reversing nerve blockade in peripheral nerve blocks.

Methods A 75-year-old man underwent right shoulder rotator cuff repair under general anesthesia. A continuous costoclavicular block was administered for postoperative analgesia. The postoperative pain was well-controlled and the pain score was 0 on the VAS. However, he was unable to moving his arm with absent proprioception, which showed signs of complete anesthesia. Hence, we injected a small amount of saline under ultrasound guidance to confirm the pattern of spread and the absence of nerve swelling due to injection. There were no signs of needle- and catheter-induced nerve damage. Then, we decided to stop the PCA for neurological examination to rule out surgical factor. However, the patient already could move his arm and complained of pain at that time.

Results Unexpected reversal to normal sensory and motor function was observed within approximately 15 minutes after the injection of 15mL of saline.



Abstract #35947 Figure 1 Ultrasound image of continuous costoclavicular block. AA: Axillary artery, AV: Axillary vein, BP: Brachial plexus, SC: Subclavius muscle, SA: Serratus anterior muscle, Arrows: catheter

Conclusions In conclusion, we observed a dramatic reversal of sensory and motor nerve blockade within a short time following 0.9% saline injection after a costoclavicular block. Our findings suggest that saline injection can be used to reverse the local anesthesia induced by the costoclavicular block.

Attachment IRB Approval.pdf

#34330 A RARE CASE OF TRANSIENT HOARSENESS FOLLOWING AN ULTRASOUND-GUIDED LEFT SUPRACLAVICULAR NERVE BLOCK – A CASE REPORT

[1,2]Joseph Beltran, [3]Adela Lhuz Caya-Licot*, [3]Manuel-J Sacatani. [1]*Anesthesiology, Metro Davao Medical and Research Center, Davao City, Philippines*; [2]*Anesthesiology, Tagum Doctors Hospital, Tagum City, Philippines*; [3]*Anesthesiology, Tagum Doctors Hospital, Tagum, Philippines*

10.1136/rapm-2023-ESRA.507

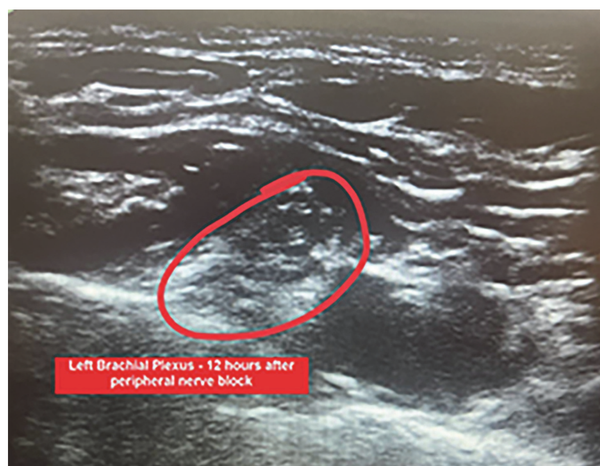
Please confirm that an ethics committee approval has been applied for or granted: Not relevant (see information at the bottom of this page)

Application for ESRA Abstract Prizes: I don't wish to apply for the ESRA Prizes

Background and Aims A 52-year old male patient, diagnosed with End Stage Renal Disease, came in with a complaint of infected left radiocephalic arteriovenous fistula for renal dialysis access. The site was noted to be erythematous, tender and with abscess formation. The plan was to ligate the fistula under peripheral nerve block.

Methods The anesthetic plan for this patient was a left supraclavicular nerve (SCN) block, to which the patient consented. After aseptic technique, an in-plane ultrasound-guided left supraclavicular block was performed using high–frequency linear transducer above the middle third of the clavicle. A total of 25 ml of Ropivacaine 0.25% with dexamethasone 8mg was injected.

Results A 23-minute soaking time achieved a surgical anesthesia to the operative site. The patient also complained of hoarseness. His hemodynamic parameters were normal, no desaturation, no difficulty of breathing, and no agitation. The patient was reassured then sedated to a Modified Ramsay Sedation Score of 3. The surgery was completed in 57 minutes. Still, with hoarseness noted. He was pain-free for 12 hours. The hoarseness was resolved as soon as the block diminished.



Abstract #34330 Figure 1 Left Brachial Plexus after 12 hours following Supraclavicular Nerve Block

Conclusions The recurrent laryngeal nerve (RLN) block is common following an interscalene block, but is quite unsual after a SCN block. RLN block has been reported in 1.3% of cases but almost exclusively occur in right SCN block (Gupta, et.al). Hoarseness after left SCN block is attributable to the blockade of fibers of RLN in the left vagus nerve, where the drug deposited moved medially to the left subclavian artery where the vagus nerve sits in proximity.

#35649 BILATERAL INTERSCALENIC BLOCK: YET A CONTROINDICATION?

[1]Giulia Mineo*, [2]Ignazio Sabella, [3]Giuseppe Tricoli, [3]Sonia Di Noto, [3]Damiano Sabatino, [3]Vincenzo Mazzarese. [1]*ARNaS civico, Arnas civico, Palermo, Italy*; [2]*Arnas civico, Palermo, Italy*; [3]*ARNaS civico, ARNaS civico, Palermo, Italy*

10.1136/rapm-2023-ESRA.508

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 Historically, performing bilateral interscalenic block was an absolute contraindication due to the risk

Reg Anesth Pain Med: first published as 10.1136/rapm-2023-ESRA.507 on 10 October 2023. Downloaded from http://rapm.bmj.com/ on September 9, 2024 by guest. Protected by copyright.