

Results No adverse effects or anaesthetic complications were reported. The dose administered was 15 ml bupivacaine 0.5% for CPB and 5 ml bupivacaine 0.5% for the superficial cervical plexus block. There was no evidence of motor block of the operated limb. Immediate postoperative VAS was 0 in all cases and no rescue analgesia was required in the first 24 hours, only the usual multimodal analgesia.



Abstract #36477 Figure 1 IMAGEN 1

Conclusions CPB associated with superficial cervical plexus block is an effective analgesic alternative for clavicular surgery. It is a safe ultrasound-guided block, which makes it a valid alternative to multimodal intravenous analgesia. Further studies are needed to demonstrate the efficacy, advantages and complications associated with this locoregional technique.

#35895 REGIONAL ANESTHESIA AS AN ALTERNATIVE IN HIGH ANESTHETIC RISK PATIENTS, A REPORTED CASE

¹Pablo Ferrando Gil*, ²Aguilar López Sergio, ³Clavijo Monroy Arturo, ³Ferre Almo Sandra, ³Rovira Torres Anna. ¹Tortosa, Spain; ²HTVC, Barcelona, Spain; ³HTVC, Tortosa, Spain

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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

Background and Aims A 59-year-old ASA IV patient with stage IV lung adenocarcinoma who suffered a pathological fracture of the distal right humerus. It was decided to do a closed reduction and internal fixation by traumatology with a T2 nail of the humerus. This patient was at a high anesthetic risk due to a history of bilateral PTE and pulmonary neoplasia that caused chronic respiratory failure with the need for oxygen therapy at home.

Methods In this case, regional anesthesia was performed under ultrasound control and neurostimulation: Interscalene block with 25ml of 0.375% levobupivacaine. Superficial cervical block with 10ml of 0.375% levobupivacaine. Suprascapular block with 10ml of 0.25% levobupivacaine. Intravenous sedation was performed in spontaneous breathing with nasal cannulas with capnography with: Remifentanyl 0.05mcg/kg/min Propofol 3mg/kg/h

Results Throughout the intervention the patient remained hemodynamically stable and with oxygen saturations of 97-

98%. Postoperative pain was well controlled without the need of opioids.

Conclusions This case wants to demonstrate the importance of having regional anesthesia in fragile patients with high anesthetic risk. We see how even in surgeries where general anesthesia is usually required, with a good anesthetic plan we can avoid it and perform the surgery safely and with excellent postoperative pain control, also avoiding the abuse of opioids in these patients.

#34642 CASE REPORT: ULTRASOUND-GUIDED COMBINED SUPERFICIAL CERVICAL PLEXUS BLOCK, CLAVIPECTORAL FASCIAL PLANE BLOCK AND DEXMEDETOMIDINE PERFUSION FOR SURGERY AFTER CLAVICULAR FRACTURE

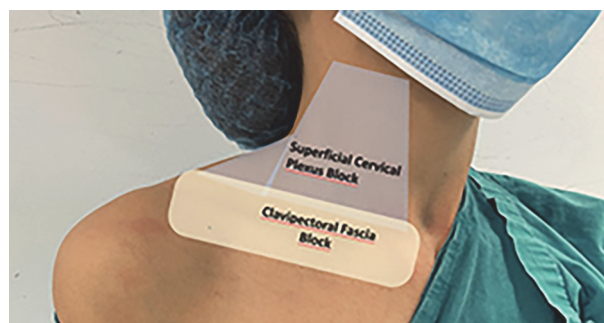
Cândida Sofia Pacheco Pereira*, Catarina Ferros, Diogo Miguel, Manuel Vico. Centro Hospitalar Tondela Viseu, Viseu, Portugal

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Background and Aims In thoracic trauma with pneumothorax, mechanical ventilation should be avoided whenever possible. Regional anesthesia can be an attractive alternative anesthetic approach in this setting. In clavicular surgery, regional anesthesia requires the block of various nerves that conduct nociceptive information of the skin over the incision area and the clavicular periosteum.

Methods A 66 year-old male patient was scheduled for open reduction and internal fixation of the right clavicle. He had a closed, displaced fracture in the middle third shaft of the right clavicle (car crash). The pre-anesthetic patient assessment revealed a significant medical past: ischemic stroke in 2016 and controlled arterial hypertension. The patient also presented a small right hemopneumothorax and bilateral rib fractures. The anesthesia plan included a regional anesthesia combined with dexmedetomidine perfusion. The regional anesthesia of the surgical field was achieved with a superficial cervical plexus block, combined with a clavipectoral fascial plane block.



Abstract #34642 Figure 1 Anesthesia distribution of peripheral's nerves blocks: superficial cervical plexus block and clavipectoral fascia plane block

Results The surgery lasted 2 hours, during which the patient remained comfortable, with total sensory block. Towards the