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.

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.

Abstract #36477

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

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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: Intercalene block with 25ml of 0.375% levobupivacaine. Superficial cervical block with 10ml of 0.375% levobupivacaine. Supracapacular block with 10ml of 0.25% levobupivacaine. Intravenous sedation was performed in spontaneous breathing with nasal cannulas with capnography with: Remifentanil 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 controled 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


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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 nociceptor 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 dexametomidine 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
end of the surgery, acetaminophen and parecoxib were administered. In the post-anesthesia care unit, the patient complained of no pain and no rescue analgesia was needed. During the first 24h post-surgery, the pain remained controlled with conventional intravenous analgesia with acetaminophen and non-steroidal anti-inflammatory drugs.

Conclusions In our case report, we decided to combine clavicular fascial plane block and superficial cervical plexus block. Together, these blocks can provide complete sensory anesthesia for surgical procedures involving the clavicle, providing a safe and reliable alternative to general anesthesia.

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Background and Aims Endophthalmitis is a severe intraocular inflammation that can occur following surgery or eye trauma. Wound infection has been described as a primary foci of infection in endogenous endophthalmitis. We present a case of purulent endophthalmitis treated with immediate pars plana vitrectomy (PPV) under peribulbar block and conscious sedation.

Methods A 75-year-old male patient, with multiple cardiovascular risk factors, underwent open aortic valve replacement, and was readmitted one month later with sternal wound infection. He received antimicrobial treatment. Four months later, the patient presented with purulent endophthalmitis. PPV ensued under peribulbar block and conscious sedation with a propofol perfusion. Peribulbar block was performed with two injections of Ropivacaine 1%; inferior-temporal (5mL) and superior-nasal (3mL), to ensure adequate spread within the intraconal and extraconal spaces.

Results Peribulbar anaesthesia allowed akinesia and good surgical conditions with respiratory and hemodynamic stability. The surgical procedure was performed successfully without perioperative complications.

Conclusions Peribulbar anaesthesia is a feasible anesthetic technique for PPV, as it allows akinesia during surgery, better hemodynamic stability, and fewer postoperative complications, especially in older fragile patients with comorbidities. PPV performed under peribulbar block can be considered a reliable approach in managing purulent endophthalmitis, offering a safe alternative to general anesthesia.

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Abstract #36014 Figure 1 Preoperative patient’s brain tomography axial section image

Abstract #36014 Figure 2 Preoperative patient’s lung tomography axial section image