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Abstract #36416

SCIATIC POPLITEAL BLOCK VS SCIATIC POPLITEAL COMBINED WITH SAPHEOUS BLOCK FOR ANKLE FRACTURE SURGERY – A RETROSPECTIVE STUDY

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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)

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

Background and Aims: Surgical treatment of ankle fracture (AF) is associated with signficate postoperative pain. The two peripheral nerve blocks (PNB) used more frequently to provide complete anesthesia/analgesia to the ankle are the sciatic popliteal nerve block (SPNB) and saphenous nerve block (SNB). These PNB may be used as de only anesthesia technique or may be combined with spinal or general anesthesia. The main objective of this study was to compare the postoperative pain scores of patients treated with SPNB and SPNB combined with SNB.

Methods: We reviewed retrospectively 51 patients surgically treated to ankle fractures with PNB through the first 5 months of the year of 2023. Thirty-two had SPNB and 19 SPNB plus SNB. The primary outcomes were pain scores at day 1 (D1) and day 2 (D2) postoperatively using the visual analog scale (VAS) score.

Results: Pain scores did not vary significantly when comparing the use of SPNB and SPNB plus SNB. The mean VAS score of SPNB group at D1 was 0.59 +/- 1.16 and of SPNB plus SNB group 0.42 +/- 1.02 (p=0.29). At D2 the mean VAS score of SPNB group was 0.81 +/- 1.44 and the SPNB plus SNB group 0.95 +/- 1.43 (p=0.62).

Conclusions: When combined with spinal anesthesia or general anesthesia SPNB may be sufficient to provide postoperative analgesia after AF surgery. The SNB may not add any postoperative analgesic benefit into this group of patients. The combination of SPNB plus SNB may be advantageous when surgery is performed only under regional anesthesia with PNB.

Abstract #35737

USE OF CONTINUOUS SACRAL PLEXUS BLOCK IN A PARTURIENT WITH TRAUMATIC PELVIC FRACTURES

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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: Background: Severe pain from sacral fractures can be difficult to treat especially in the parturient where systemic analgesia options are limited by its maternal and fetal side effects. Regional anaesthesia can be especially useful in providing analgesia due to its minimal side effects. Aims: We postulated that a sacral plexus catheter can help achieve our goals of 1) long-lasting pain control without need for repeated procedures, 2) minimal maternal and fetal side effects, 3) facilitating physiotherapy and rehabilitation, and 4) early home discharge.

Methods: We detail the case of a 30-year-old 16-week parturient with traumatic sacral fractures. Despite optimal multimodal analgesia, our patient experienced debilitating pain affecting her breathing, sleep, and rehabilitation. As analgesia options were limited, regional anaesthesia techniques including a sacral plexus catheter, caudal and lumbar epidural block were offered. A right sacral plexus catheter was eventually inserted for pain relief, using the parasacral parallel shift approach under ultrasound guidance. An initial local anesthetic bolus of 15mL Lignocaine 1.5% with adrenaline 1:200,000 was injected, followed by a continuous infusion of Ropivacaine 0.2% at 5ml/h. She was followed up daily by the Acute Pain Service team.

Results: With the sacral plexus catheter, our patient experienced significant pain relief and rehabilitated well. She reported improvement in pain with from a Numeric Rating Scale of 10 to 2 post-procedure and recovered sufficient function for home within 1 week.

Abstract #35737 Figure 1: Plain radiograph of the pelvis showing mildly displaced fracture of the right inferior pubic ramus. Site of fracture indicated by yellow arrow.