Conclusions ESPB is a feasible alternative anaesthetic technique for abdominal surgery in frail and severely ill patients, as demonstrated in this case. The synergic combination of dexmedetomidine and ketamine provides effective sedation and potentiates analgesia with a safe respiratory and hemodynamic profile.

#35914 ANESTHETIC INTERSCALENE AND CERVICAL PLEXUS BLOCK FOR A TOTAL SHOULDER REPLACEMENT IN A PATIENT WITH ALLERGY TO ROCURONIUM AND CISATRACURIUM: A CASE REPORT

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Background and Aims Allergy to muscular relaxants is still a big concern to Anesthesiologists. This case discusses interscalene block as an alternative to General Anesthesia in a patient with confirmed allergy to Rocuronium and Cisatracurium.

Methods We report a case of 73-year-old female, ASA III, with positive skin tests to Rocuronium and Cisatracurium. Patient had a humeral fracture and was proposed for a Total Shoulder Arthroplasty. Anesthetic plan was discussed with the patient prior to the procedure and informed consent was obtained. After monitoring, the patient was given intravenous fentanyl 0,05 mg and midazolam 1mg and a dexmedetomidine perfusion was initiated. An ultrasound guided interscalene brachial plexus block (ISB) and cervical plexus block (CBP) were performed using 15 mL of ropivacaine 0,5% and mepivacaine 0,6% and 5mL of ropivacaine 0,5% and mepivacaine 0,6%, respectively. Patient was positioned in beach chair. Skin incision was made 20 minutes after local anesthetic injection. Surgery lasted for 1 hour and 30 minutes, and the patient only referred mild discomfort due to the sitting position nearly the end of the surgery. Patient controlled analgesia with intravenous morphine and ketamine was used post-operatively.

Results There were no complications, and patient demonstrated high level of satisfaction.

Abstract #35914 Figure 1 Interscalene nerve block

Abstract #35914 Figure 2 Total Shoulder Replacement Surgery

Conclusions Positivity of skin test reaction to neuromuscular blocking agents makes their use unsafe. A CPB along with an ISB can provide anesthesia to the roots C2 to C4 and C5 to C7, respectively. Together they represent an alternative anesthetic technique to General Anesthesia for shoulder surgery.

#35899 POST-MARKET CLINICAL INVESTIGATION OF SAFETY, PERFORMANCE AND ANAESTHETIST SATISFACTION OF THE ‘SAFE INJECTION FOR REGIONAL ANAESTHESIA’ (SAFIRA) DEVICE IN ULTRASOUND GUIDED PERIPHERAL NERVE BLOCKADE

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Abstract #35899 Figure 1 Endo-Needle

Conclusions Post-market clinical investigation of safety, performance and anaesthetist satisfaction of the ‘Safe Injection for Regional Anaesthesia’ (SAFIRA) device in ultrasound guided peripheral nerve blockade.