

displacement, disconnection, occlusion or leakage (i.e. secondary failure). 14% (n=5) were removed for not being effective (primary failure); 6% (n=2) because of infection and 6% (n=2) for other reasons.

Conclusions The overall incidence of secondary, and potentially preventable, CPNB failure in our institution is 23% (n=27), which results in a significant burden of work for the treating clinicians and sub-optimal pain management for these patients. This is prompting renewed scrutiny of our processes, especially regarding the ongoing management of CPNB.

#34302 COMPARISON OF MODIFIED THORACOLUMBAR INTERFASCIAL PLANE AND ERECTOR SPINAE PLANE BLOCKS IN LUMBAR DISC HERNIATION SURGERY

¹Engin İhsan Turan, ¹Selbiye Keci Karagulle, ²Semra Isik, ³Ayca Sultan Sahin*. ¹Kanuni Sultan Süleyman Education and Training Hospital, Anesthesiology and Reanimation, Istanbul, Turkey; ²Kanuni Sultan Süleyman Education and Training Hospital, Department of Neurosurgery, Istanbul, Turkey; ³Istanbul, Turkey

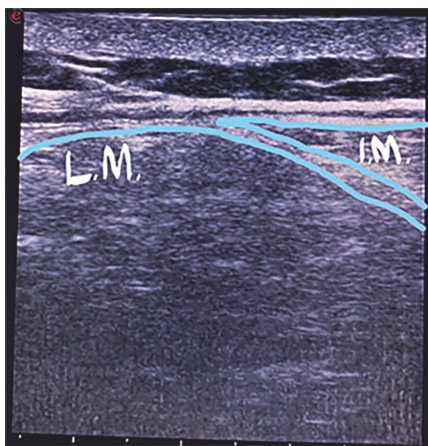
10.1136/rapm-2023-ESRA.524

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 Lumbar disc herniation is the most common degenerative disease of the lumbar spine. It is also the most common reason for lumbar spine surgery. Although disc herniation is more common in the fourth and fifth decades, it can be seen in all age groups. Lumbalgia is the most common initial symptom of this degenerative disease with a wide clinical presentation. It is known that failure to manage pain effectively in the postoperative period can cause chronic pain.

Methods Visual analog scale (VAS) scores were noted in the first postoperative period, at the 15th minute, at the 4th hour and at the 12th hour in patients who were operated for lumbar disc herniation and underwent one of the modified thoracolumbar interfascial plane(m-TLIP) and erector spinae plane (ESP) blocks.

Results There was no statistically significant difference in the VAS score of m-TLIP and lumbar ESP blocks in postoperative analgesia of lumbar disc herniation repair surgery.



Abstract #34302 Figure 1 US image of iliocostalis and longissimus muscles

Conclusions The m-TLIP block was defined in 2017 as an alternative to TLIP block, and is a block that has been used in recent years to effectively provide postoperative analgesia in LDH surgery (1). Technically, it is performed by administering a local anesthetic solution to the fascia between the longissimus and iliocostalis muscles in the lumbar region. A block is performed by administering local anesthetic between the transverse process of the vertebra and the fascia of the erector spinae muscle. In order to provide postoperative analgesia of LDH surgery, ESP and m-TLIP blocks are alternative methods within the scope of multimodal analgesia.

Attachment Yeni belge 2023-03-23 13.49.07.pdf

#36484 THORACIC PARAVERTEBRAL BLOCK AS ANALGESIC METHOD IN A PATIENT WITH MULTIPLE RIB FRACTURES

¹Grigorios Belivanakis, ^{2,3}Georgios Ntontos, ^{1,4}Chryssa Pourzitaki, ⁵Vasilios Vasilopoulos, ⁵Emmanouil Ganitis, ⁵Eleni Logotheti*. ¹Anesthesiology Department and Pain Medicine, 'Anassa' General Clinic, Volos, Greece; ²Cardiothoracic surgeon, 'Anassa' General Clinic, Volos, Greece; ³Cardiothoracic Surgeon, Interbalkan Medical Center, Thessaloniki, Greece; ⁴Clinical Pharmacology Department, School of Medicine, Aristotle University of Thessaloniki, Thessaloniki, Greece; ⁵Anesthesiology Department and Pain Medicine, General Hospital of Volos, Volos, Greece

10.1136/rapm-2023-ESRA.525

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 72 years old, male patient with fractures in 6 consecutive ribs, three of which in multiple places, arrived at the ER ward, after a fall from a ladder. The CT scanning revealed no pneumothorax or hemothorax. The patient complained about severe chest pain, shortness of breath, progressively getting worse. At the same time, tachypnea, intense sweating, hypertension and tachycardia were clinically observed.

Methods To relieve the patient, it was decided to perform a thoracic paravertebral block at two levels, in one of which a continuous drug infusion catheter was placed. A PCRA pump was used and the patient was immediately relieved. He was transferred to the PACU due to the severity of his injury and remained there for two days.

Results Being respiratory stable and in good clinical condition, he was transferred to a simple ward and after 4 more days, without presenting any complications, it was decided to remove the catheter. The patient was then treated with mild analgesics such as paracetamol and tramadol and a week later he left the hospital, presenting a satisfactory and stable clinical condition and instructions for p.o analgesia.

Conclusions To our knowledge this was the first time that a paravertebral block was used as an analgesic method for multiple rib injuries. In our patient the thoracic paravertebral block was probably the cause of the non-appearance of the expected respiratory complications (hypoxemia, atelectasis, respiratory failure, pneumonia, intubation, hospitalization in the ICU) and contributed to the rapid recovery of his severe injuries.