

#35944 LATERAL QUADRATUS LUMBORUM BLOCKS: A BETTER ALTERNATIVE TO CAUDAL EPIDURAL BLOCKADE IN PAEDIATRIC ORCHIDOPEXY SURGERY?

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Background and Aims Lateral quadratus lumborum blocks (LQLB) provide good analgesia for lower abdominal procedures by targeting somatic and visceral nerves whilst avoiding complications associated with neuraxial blockade (1,2,3). Despite this, caudal epidural blockade (CEB) remains a commonly practiced paediatric technique despite potential significant complications. This review aims to assess if LQLBs are a suitable alternative to CEB, Ilioinguinal- hypogastric nerve block (II-IHNB) and transverse abdominus plane blocks (TAPB) for paediatric patients undergoing unilateral day-case orchidopexy surgery.

Methods A retrospective case notes review was performed of all patients undergoing elective unilateral day-case orchidopexy surgery between January and September 2022 at a tertiary paediatric hospital. Parameters recorded included length of stay, anaesthetic technique and peri-operative analgesic medications.

Results Ninety-eight patients met the inclusion criteria. Predominant regional techniques included CEB (21%, 21), LQLB (28%, 27), TAPB (18%, 18), II-IHNB (12%, 12) and local infiltration (LI) (16%, 16). CEBs experienced a complication rate of 24% (5) compared to other regional techniques which did not have any. LQLB, TAPB, and LI were statistically safer procedures. Post operative opioids were required in 14% (3), 22% (6), 50% (6), 31% (5) and 22% (4) for those receiving CEB, LQLB, II-IHNB, TAPB and LI respectively. The difference between CEB and II-IHNB was statistically significant ($p=0.044$ Fishers Exact Test).

Conclusions Our data suggests that LQLBs provide similar post-operative analgesia compared to CEB but with a significantly lower complication rate. We suggest therefore that LQLBs are non-inferior to CEBs although further research is required to compare clinical profiles further.

Attachment Local research and audit approval – QL project Alder Hey.pdf

#36459 CLAVIPECTORAL PLANE BLOCK FOR CLAVICLE SURGERY – A CASE REPORT

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Background and Aims General anesthesia (GA) has been the anesthetic choice for clavicle surgery (CS) since regional techniques can be particularly challenging. Interscalene brachial

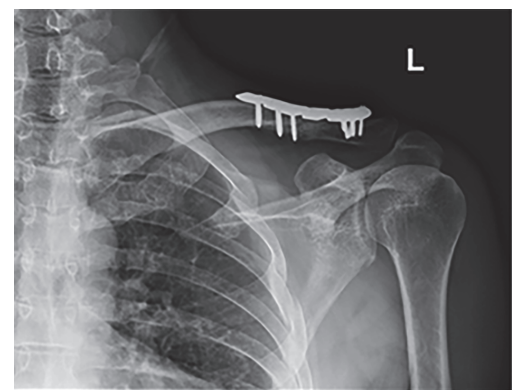
plexus block (ISC) combined with superficial cervical plexus block (SCP) has been successfully performed, but not without risks. Recently, the clavipectoral plane block (CPB) was described as an injection of local anesthetic (LA) under the clavipectoral fascia. CPB avoids potential side effects related with ISC such as motor block of the upper limb (UL), phrenic nerve palsy, Horner's syndrome, vertebral artery injection and total spine anesthesia.

Methods A 48-year-old male, ASA I with complete displaced fracture on the lateral third shaft of the clavicle, was purposed for an open fixation with a plate and screws. The patient had four rib fractures on the ipsilateral side with mild respiratory impairment. An ultrasound guided SCP and CPB (3 injections on the 3 points above the clavicle) were performed, with a total of 40 mL of LA (20 mL ropivacaine 0,5% and 19 mL lidocaine 1,5%), under sedation (1 mg midazolam, 50 ug fentanyl).

Results The patient remained comfortable and stable throughout the surgery, under propofol (4 mg/kg/h).



Abstract #36459 Figure 1 Clavicle fracture



Abstract #36459 Figure 2 Clavicle repair

Conclusions The combination of CPB and SCP is a safe and useful technique for CS. The prevention of phrenic nerve block and pneumothorax remain the two advantages in this case report. Moreover, it allows preservation of motor function of the UL and avoidance of GA. It remains unclear if this block maintains his success profile in case of ruptured clavipectoral fascia.