#35681 PENG BLOCK WITH DEXMEDETOMIDINE IN COMBINATION WITH LOCAL ANESTHETICS FOR ROBOTIC HIP REPLACEMENT SURGERY ANALGESIA: CASE SERIES

Nigar Kangarli*, Ayda Turkoz. *Anesthesiology and Reanimation, Bezmialem Vakif University, Istanbul, Turkey*

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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 apply as an Anesthesiologist (Aged 35 years old or less)

Background and Aims One of the sites of dexmedetomidine action is substantia gelatinosa, which is responsible for analgesia. The aim of our study is to investigate how effective may be dexmedetomidine for PENG block in postoperative analgesia and mobilization after such a major surgery, as total hip replacement, conducted with robotic device.

Methods Prior to surgery, demographic features, VAS scores at rest and during mobilization and TUG test duration were recorded. By the termination of surgery, 15 cc%0.5 bupivacaine, 5 cc%2 lidocaine and 100 mcg dexmedetomidine was used for PENG block under USG guidance. All patients received intravenous PCA containing 300 mg tramadol. In the postoperative unit VAS score, vital signs and rescue morphine doses were recorded every 5 minutes of total 30 minutes stay. After discharge from the postoperative unit, time to first PCA bolus dose, hourly VAS score, rescue morphine and tramadol doses, TUG test duration at 24th and 48th hours, total opioid dose and patient satisfaction at discharge were recorded.

Results Adding dexmedetomidine to PENG block analgesic solution nearly prevents postoperative rescue opioid doses and bolus PCA doses. Postoperative VAS scores are extremely low , which offers painless early mobilization and patient comfort.

Conclusions Dexmedetomidine efficacy in prolonging peripheral nerve block analgesia, reducing block site inflammation and postoperative opioid consumption has been described in literature, generally in animal studies, case reports and and volunteer studies. Our case series confirm these data and, at the same time, indicate on postoperative opioid consumption reduce, painless mobilization and high patient satisfaction.

#34369 QUALITY OF RECOVERY AFTER PERICAPSULAR NERVE GROUP (PENG) BLOCK FOR PRIMARY TOTAL HIP ARTHROPLASTY UNDER SPINAL ANAESTHESIA

Arturo Rodríguez Testón*, Nicolás Ferrer Forteza-Rey, Santiago Patterson Pablo, Elvira Pereda González, Carregi Villegas Ricardo, Pérez Marí Violeta, José De Andrés Ibáñez. *SARTD, Chguv, Valencia, Spain*

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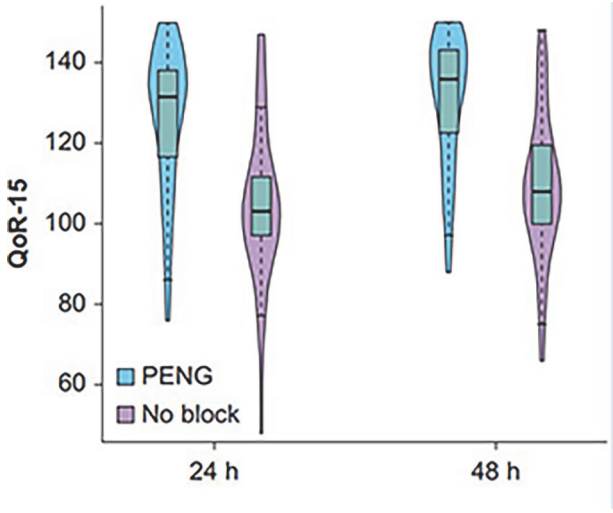
Background and Aims The pericapsular nerve group (PENG) block is a novel regional anaesthesia technique that has been proposed as an effective motor-sparing block for total hip arthroplasty. Recent randomised studies show conflicting results regarding the analgesic efficacy of the PENG block for total hip arthroplasty

Methods Randomised controlled observer-blinded single-centre superiority trial comparing the efficacy of the PENG block with no block for patients undergoing primary total hip arthroplasty under spinal anaesthesia. All subjects received multimodal analgesia consisting of paracetamol and celecoxib. The primary outcome was quality of recovery (QoR) at 24 h as measured by the QoR-15 questionnaire

Results A total of 112 participants (56 in each group) were included in the analysis. The median (inter-quartile range [IQR]) 24-h QoR-15 scores were higher in subjects who received a PENG block (132 [116e138]) compared with subjects who did not (103 [97e112]) with a median difference of 26 (95% confidence interval, 18e31; P<0.001). Similarly, QoR-15 at 48 h was higher in the PENG group, and opioid use at 24 and 48 h postoperatively was significantly lower in the PENG group. However, we did not find significant differences in pain score, distance to ambulation, or anti-emetic use at any time point. We did not observe any PENG block-related complications.



Abstract #34369 Figure 1 QoR-15 total by group and postoperative day

Conclusions Adding a PENG block to a multimodal analgesia regimen that includes paracetamol and celecoxib improves the quality of recovery and reduces opioid requirements for patients undergoing primary total hip arthroplasty under spinal anaesthesia

#36069 MANAGEMENT OF ISCHEMIC PAIN IN AMBULATORY WITH POPLITEAL-SCIATIC PERINEURAL CATHETER – IS IT POSSIBLE?

[1]Jorge Carteiro, [2]André Aguiar*, [1]Celia Xavier. *[1]Anesthesiology Department, Centro Hospitalar Universitário Lisboa Norte – Hospital de Santa Maria, Lisbon, Portugal; [2]Anesthesiology Department, Centro Hospitalar Universitário do Algarve – Hospital de Faro, Faro, Portugal*

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Background and Aims Ischemic pain is the main symptom of peripheral arterial obstructive disease (PAOD) and affects the quality of life. It is hard to manage with systemic analgesics so continuous peripheral nerve block may be an effective alternative with fewer side effects.
Methods A 47-year-old female patient with hypertension, diabetes mellitus, dislipidemia and active smoking was diagnosed with critical limb ischemia and foot ulcer as a result of thrombosis of common iliac artery. She experienced severe pain in her foot and fingers, and the acute pain unit was called in to manage her pain before the surgery. A popliteal-sciatic perineural catheter was placed and we started a patient-controlled regional analgesia (5ml/hour + boluses 5ml lockout 30 minutes), after confirming pain relief with 15ml ropivacaine 0.2%
Results She evolved with better control of pain, requiring less opioids and adjuvants. Following five days in the hospital, the patient was discharged home with a drug infusion balloon (DIB) of ropivacaine 0.2% 5ml/h. The DIB was changed every two days during wound dressings at hospital. Despite the catheter was accidentally exteriorized it remained in place for 14 days without signs of infection or neurologic complications.
Conclusions Regional analgesia, such as continuous epidural analgesia through a catheter, has been used with good response, but with possible side effects. This cases highlights the benefits of continuous peripheral nerve block which offers the advantage of minimal adverse effects, emerges as a viable alternative that does not require the use of anticoagulants and allow the patients to take the catheter home.

#34374 A NOVEL USE OF POPLITEAL SCIATIC BLOCK FOR PERIPHERAL REVASCULARISATION PROCEDURES

[1]Maja Kovac*, [2]Anil Karmali. [1]*London, UK*; [2]*none, London, UK*

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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 Currently there is little published in the use of popliteal sciatic blocks (PSB) during distal limb angioplasty procedures in awake patients. We present a case directly comparing angioplasty under local anaesthetic alone, versus with PSB. A 70-year-old, ASA 3, male patient was scheduled for a tibial angioplasty, having undergone the same procedure on the contralateral leg a week prior. During pre-assessment, he reported experiencing unexpectedly severe pain during multiple arterial balloon dilatations in the first procedure. We offered a PSB for the second procedure, with the potential for alleviating intra-operative pain.
Methods We performed an ultrasound guided PSB of the right leg with 20ml of 0.75% Ropivicaine, which the patient tolerated well. We then surveyed the patient and the surgeons after the operation.
Results Intra-operatively, the patient did not show any signs of distress during arterial balloon dilatations, actually sleeping through most of the 2-hour procedure. Post-operatively, he reported his pain was 0/10 during the procedure versus 9/10 for his previous angioplasty (without PSB). He stated it was the 'obvious choice' to have a PSB for tibial angioplasty and was 'surprised the PSB was not offered the first time'. Furthermore, the surgeon (who had performed both procedures) reported better, 'incomparable' operative conditions with PSB, as the patient was pain free and 'more still'.
Conclusions This case demonstrates a clear advantage of PSB for tibial angioplasty for both patient and surgeons. These benefits have translated to surgeons at our institution increasingly requesting PSB for these operations.

#35881 USE OF FOREARM MEDIAN AND ULNAR NERVE AMBULATORY CATHETERS FOR HAND PHYSIOTHERAPY IN AN OUTPATIENT SETTING – A CASE STUDY

[1]Charmaine Lee*, [2]John Tey Boon Lim. [1]*Singapore, Singapore*; [2]*Department of Anaesthesia, Woodlands Health Campus, Singapore, Singapore*

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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 Tenolysis requires complete division of tendons followed by early mobilization. Rapid development of adhesions following surgery necessitate adequate analgesia to facilitate early active exercise programmes. Regional anaesthesia provides superior pain relief and reduces opioid requirements. A continuous ambulatory catheter allows for the patient to recuperate outpatient and shortens hospital stay while maintaining good post operative analgesia. Targeting distal terminal branch nerves also reduces the incidence of motor block thus facilitating physiotherapy and recovery.

Abstract #35881 Figure 1 POD0 post insertion of forearm catheters