



Abstract OP045 Figure 3 An example of mediastinal, paravertebral and intercostal (wide) spread of radiocontrast dye given through epidural catheter. A CT scan

Conclusions Ultrasound-guided, saggital oblique approach to the paravertebral space is a reliable way to obtain multi-level spread of radiocontrast solution. Its range is highly variable and does not depend on the method of administration used. Contrast dye does not spread evenly in both directions from the injection site. All above may contribute to inadequate anesthesia in the clinical conditions.

Ultrasound guided RA (UGRA) – Free papers 5

OP046 COMPARISON OF ULTRASOUND-GUIDED SUPRA INGUINAL FASCIA ILIACA BLOCK WITH INFRA INGUINAL FASCIA ILIACA BLOCK IN POSTOPERATIVE PAIN MANAGEMENT IN INTERTROCHANTERIC FEMUR FRACTURE

Seyed Hamid Reza Faiz, Poupak Rahimzadeh*. *Anesthesiology and Pain Medicine Department, Hazrat Rasul Hospital, Iran University of Medical Sciences, Tehran, Islamic Republic of Iran*

10.1136/rapm-2023-ESRA.46

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

Application for ESRA Abstract Prizes: I apply as an Anesthesiologist (Aged 35 years old or less)

Background and Aims Fascia iliaca block is one of the well-known methods for local analgesia in hip surgeries. However, the implementation approach of this method has significant effects on its effectiveness. We investigated the effectiveness of the supra inguinal (S-FICB) in comparison with infra inguinal fascia iliaca (I-FICB).

Methods The current study was a randomized, double-blind clinical trial that was conducted on 56 patients. The participants in the study were randomly divided into two groups. Pain index based on NRS score after surgery was the main outcome, which was compared at 1, 4, 8, 16, and 24 hours. The pain score during rest and movement was compared. The amount of morphine consumed, the first time of morphine request, and the occurrence of complications were secondary outcomes.

Results The average pain score at rest and movement at 1, 4, 8, and 16 hours after surgery in the S-FICB group was lower

than I-FICB. The observed difference was statistically significant (P-value<0.05). The mean consumption of morphine was lower in the supra-inguinal group, but the difference was not significant (P-value>0.05). The average time of requesting the first dose of morphine was also higher in the S-FICB than in the I-FICB, and the difference was not statistically significant (P-value>0.05). No significant difference was observed in the occurrence of complications. The level of satisfaction was significantly higher in the supra-inguinal group (P-value<0.05)

Conclusions Both approaches were well tolerated by patients and had few side effects. However, the S-FICB was more effective in postoperative pain reduction and patient satisfaction was also higher.

OP047 GOING DEEP OR STAYING SUPERFICIAL – WHICH SERRATUS ANTERIOR PLANE BLOCK WINS FOR ANALGESIA: A META-ANALYSIS

¹Sara Amaral*, ²Heitor Medeiros, ³Rafael Lombardi. ¹Anaesthesiology, Araranguá, Brazil; ²Anaesthesiology, Hospital Universitário Onofre Lopes, Natal, Brazil; ³Anaesthesiology, University of Nebraska Medical Center, Omaha, USA

10.1136/rapm-2023-ESRA.47

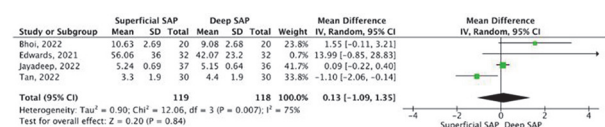
Please confirm that an ethics committee approval has been applied for or granted: Not relevant (see information at the bottom of this page)

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

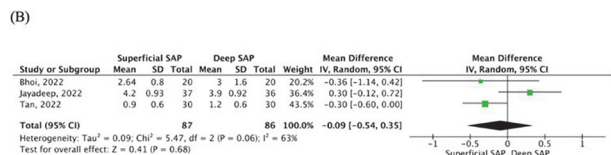
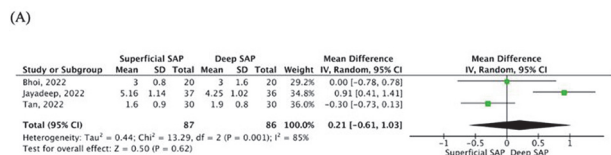
Background and Aims Serratus anterior plane block (SAPB) is a popular technique for postoperative analgesia. However, the optimal approach (superficial vs. deep) remains unclear. This meta-analysis of randomized controlled trials (RCTs) aims to compare the analgesic efficacy between the two SAPB approaches to provide clinical guidance. (PROSPERO – CRD42023415415)

Methods PubMed, Embase and Cochrane were searched for RCTs comparing superficial and deep SAPB approaches. The outcomes included opioid consumption, pain scores, and post-operative nausea and vomiting (PONV) incidence. RevMan 5.4 analyzed data and sensitivity analysis was conducted by systematically removing each study.

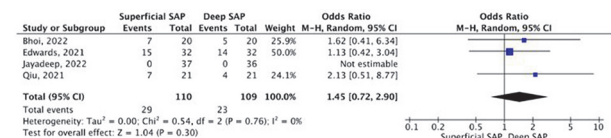
Results The study analyzed five RCTs with 280 patients, 50% underwent superficial SAPB approach for mastectomy or thoracoscopic lobectomy. No significant differences were found in intravenous morphine equivalent consumption in 24 hours (figure 1); pain score at rest and movement at 1h (MD -0.02; 95% CI -0.30 to 0.27; p=0.91 and MD 0.14; 95% CI -0.80 to 1.08; p=0.77); 4h (MD -0.15; 95% CI -0.86 to 0.55; p=0.67 and MD -0.19; 95% CI -0.95 to 0.56; p=0.62); 12h (MD -0.05; 95% CI -0.63 to 0.52; p=0.85 and figure 3). Sensitivity analysis did not change the overall conclusion in any of the outcomes evaluated.



Abstract OP047 Figure 1 No differences were found between superficial and deep SAPB regarding opioid consumption in 24h (Results expressed in intravenous morphine equivalents)



Abstract OP047 Figure 2 Pain scores were similar for both approaches to the SAPB at 12h (A) and 24h (B) in movement



Abstract OP047 Figure 3 Incidence of PONV was similar both with superficial and deep SAPB approaches

Conclusions The results revealed no significant differences, suggesting that both approaches offer comparable pain relief benefits.

OP048 CONVENTIONAL ANATOMICAL LANDMARK VERSUS PREPROCEDURAL ULTRASOUND FOR THORACIC EPIDURAL ANALGESIA: A SYSTEMATIC REVIEW AND META-ANALYSIS

¹Mahfouz Sharapi*, ²Ammar Mektebi, ³Kerollos George Philip, ⁴Khaled Anwer Albakri, ⁵Amany E Mahfouz. ¹Ourl Lady Of Lourdes Hospital, Drogheda, RCSI Group, Ireland, Dublin, Ireland; ²faculty of medicine ,Kutahya,Turkey, kutahya health sciences university, Kutahya, Turkey; ³Faculty of Medicine, Sohag University, Sohag, Egypt, Sohag, Egypt; ⁴The Hashemite University, Jordan, Amman, Jordan; ⁵Faculty of Medicine, Kafrelsheikh University, Egypt, Kafr El-Sheikh, Egypt

10.1136/rapm-2023-ESRA.48

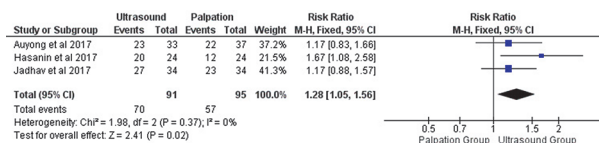
Please confirm that an ethics committee approval has been applied for or granted: Not relevant (see information at the bottom of this page)

Application for ESRA Abstract Prizes: I apply as an Anesthesiologist (Aged 35 years old or less)

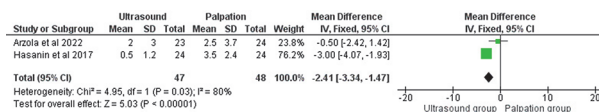
Background and Aims Thoracic epidural analgesia is the gold standard for major thoracic and upper abdominal surgeries. To effectively perform epidural analgesia, the epidural space should be localised accurately. Various techniques have been described the facilitate accurate needle insertion; including surface landmark and ultrasound-assisted techniques. Practitioners have relied on the surface palpation landmark method and loss extensively. However, this technique can sometimes be challenging to access the thoracic epidural area and carries substantial failure rates, especially in obese patients or those with oedema on the back This meta-analysis compares the efficacy of the US-assisted versus landmark-based thoracic epidural insertion via the paramedian route.

Methods Randomized controlled trials were sought in six databases for a systematic review and meta-analysis. With a 95% confidence interval, a fixed-effects model calculated Risk Ratio or Mean Difference. Cochrane Risk of Bias assessed bias. Four RCTs were examined. The study was registered with PROSPERO with the identifying code CRD42022360527.

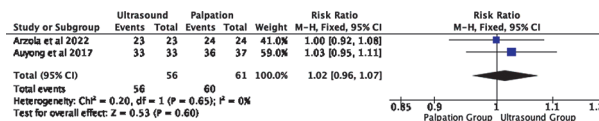
Results Preprocedural ultrasound increased thoracic epidural placement first puncture success rate (RR= 1.28, 95% CI [1.05 to 1.56], P value= 0.02) and decreased the need for two or more skin punctures (MD= -2.41, 95% CI [-3.34 to -1.47], P value= 0.00001). The ultrasound group reduced needle redirections (RR= 0.6, 95% CI [0.38 to 0.94], P value= 0.02). The epidural block success rate was equal in both groups (RR= 1.02, 95% CI [0.96 to 1.07], P value= 0.6).



Abstract OP048 Figure 1 Forest plot of the first rate success rate of thoracic epidural placement



Abstract OP048 Figure 2 Forest plot of the number of needle redirections



Abstract OP048 Figure 3 Forest plot of the rate of successful epidural block

Conclusions Thoracic epidural insertion is improved by ultrasound but not the success rate. Quality research with larger samples is needed to emphasise that.

OP049 ABSTRACT WITHDRAWN