

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 1.5ml 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 case 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

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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% Ropivacaine, 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

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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