

#36511 CLAVIPECTORAL FASCIAL PLANE BLOCK AS SOLE ANESTHETIC TECHNIQUE FOR CLAVICULAR FRACTURE SURGERY – IS IT ENOUGH? A CASE SERIES REPORT

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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 The clavipectoral fascial plane block (CPB) is a recent regional anesthesia technique that has been utilized for clavicular fracture surgery. Although the sensory innervation of the clavicle is controversial, CPB seems to be effective since many of the sensory nerves pass through the plane between the clavipectoral fascia and the clavicle itself. We describe 3 cases where general anesthesia and airway manipulation were avoided with the use of CPB as sole anesthetic technique.

Methods We present 3 patients with closed, complete midshaft fractures of the clavicle, submitted to open reduction and fixation. The first case was a 74-year-old patient with history of heart failure (Ejection fraction <20%). We performed a CPB with 20 mL ropivacaine 0,5% and minor sedation with midazolam. The second case was a 19-year-old patient victim of trauma with multiple rib fractures and pneumothorax. We did a CPB with 30 mL ropivacaine 0,5% under sedation with 0,5-0,7 mcg/kg/h of dexmedetomidine. The third case was a 54-year-old patient with history of difficult airway. We used CPB with 30 mL ropivacaine 0,5% combined with dexmedetomidine sedation.

Results In all cases, there were no registered complications and pain scores were low (VAS score of 1-2/10) in PACU.

Conclusions This technique may provide benefits to patients with difficult airways and in trauma. Comparing with interscalene block, CPB can avoid adverse events such as ipsilateral phrenic nerve palsy, vocal cord paralysis, vertebral artery injection, total spinal anesthesia and pneumothorax. However, loss of the fascia's integrity during trauma may compromise the spread of the local anesthesia.

#35970 GREATER OCCIPITAL NERVE BLOCK: AN OPIOID SPARING ALTERNATIVE

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Background and Aims This clinical case reports the effectiveness of the greater occipital nerve block (GON-block) in controlling postoperative pain in an 85-year-old man who underwent excision of a basal cell carcinoma in the occipital region and reconstruction with a bilobed flap. The GON block is performed by injecting local anesthetic close to the greater occipital nerve and it can be performed relatively quickly, simply and effectively. The available literature describes the efficacy of this block in the relief of cervicogenic

headache, occipital neuralgia and migraine. However, evidence of its analgesic effectiveness in surgeries of the scalp of the occipital region is scarce.

Methods 85-year-old man, physical status ASA II. For the aforementioned surgery, he underwent combined anesthesia (balanced general anesthesia and GON blockade with 4 ml of Ropivacaine 7.5mg/ml, guided by ultrasound), with no surgical or anesthetic complications to be recorded. Postoperatively, we opted for a multimodal analgesia strategy with Paracetamol 1000mg IV 8/8h and Tramadol 100 mg IV as needed (maximum 8/8h). Pain intensity was evaluated using the numeric pain scale at 3, 5, 8, 12 and 24 hours.

Results In every evaluation the patient reported pain \leq 1. Tramadol administration was never necessary.

Conclusions This clinical case suggests the effectiveness of this block in controlling postoperative pain in a patient who underwent surgery for the scalp in the occipital region. We also highlight the blockade's apparent opioid-sparing effect. Further studies are required in order to demonstrate this block's full potential.

#35873 AN UNOPTIMISABLE PATIENT: A CASE REPORT OF ANAESTHETIC MANAGEMENT FOR A SEPTIC JOINT

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Background and Aims Prosthetic joint infections can be challenging to treat and often require surgical intervention. We present a case of arthroscopic knee washout performed under peripheral nerve blocks due to the high risks of general and neuraxial anaesthesia.

Methods A 75 year old lady presented with an infected prosthesis, two years post total knee arthroplasty. She had a BMI of 40, hypertension, TIA one year ago (currently on Clopidogrel), moderate obstructive spirometry (FEV1 72% predicted), ASD repair 40 years ago and suspicion of pulmonary hypertension on CT thorax. She was positive for COVID-19 on admission. Surgical debridement was delayed due to the risks of both general and regional anaesthesia given her COVID status and anti-platelet medication. Clopidogrel was stopped and she was treated with IV antibiotics. After two days she was at risk of deteriorating; she had significantly elevated inflammatory markers and was repeatedly spiking temperatures. Given her ongoing anaesthetic risks we consented her to have a joint washout under awake peripheral nerve blocks. Ultrasound guided femoral and popliteal nerve blocks were performed with 16ml and 20ml 1% Prilocaine respectively. Aliquots of alfentanil were required intermittently during the procedure to a total of 800mcg, and the patient was reassured throughout.

Results Arthroscopic washout was successfully performed in this patient under femoral and popliteal nerve blocks using 1% Prilocaine, with supplemental intravenous analgesia.

Conclusions Peripheral nerve blocks can be used for washout of infected knee joints, allowing time for optimisation before definitive surgical intervention under neuraxial or general anaesthesia.