

Results Surgery and anaesthesia were uneventful. In the post-operative period leading to hospital discharge (5 days later), the VAS at rest or movement remained low (0-1), and no rescue analgesia was needed. The child showed an extreme degree of satisfaction with the management of postoperative pain, and no complications with the cFNB were reported during the hospital stay.

Conclusions In the present case report, a Continuous FNB was found to be a safe and effective analgesic technique for the management of pain associated with pathological fractures in paediatric cancer patient with thrombocytopenia. Consequently, cFNB should also be considered for these patients also preoperatively, to ensure adequate pain management and improved overall patient experience.

#36488 THORACIC PARAVERTEBRAL BLOCK (TPVB) FOR TREATMENT OF ELEVATED HEMIDIAPHRAGM DUE TO PHRENIC NERVE INJURY AFTER INTERSCALENE BLOCK

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Background and Aims A 50 years old, male patient, was scheduled for surgical repair of rotator cuff injury. An interscalene approach to the brachial plexus was selected to provide analgesia and was combined with general anesthesia (TIVA). During the immediate post-operative period, the patient developed shortness of breath and complained for easy fatigue, which, after a detailed examination, were attributed to a paralysis of the right phrenic nerve, resulting in the elevation of the right hemidiaphragm and causing the symptoms. This was considered a complication of the interscalene block.

Methods After six months with no improvement, a restoration of the diaphragm with thoracoscopic technique was decided. The patient was scheduled for diaphragm plication. The anesthesia was performed with paravertebral block and general anesthesia (TIVA). Throughout the 6 hours long surgery, the patient remained hemodynamically stable, while he didn't present any other analgesic demands. After the operation, the patient was extubated and his level of analgesia was assessed, based on NOL (15) and VAS (2) scales.

Results Throughout the 6 hours long surgery, the patient remained hemodynamically stable, while he didn't present any other analgesic demands. After the operation, the patient was extubated and his level of analgesia was assessed, based on NOL (15) and VAS (2) scales.

Conclusions Paravertebral block is an attractive regional anesthetic technique, as it can provide excellent unilateral analgesia, with a low rate of hypotension compared to epidural anesthesia for thoracic and abdominal procedures. In our case,

paravertebral block was proved an efficient analgesic technique for a long and laborious time operation.

#35531 WEATHERING THE STORM: AMPUTATION IN A PATIENT WITH SEPSIS INDUCED MULTIORGAN DYSFUNCTION UNDER NERVE BLOCKS – A CASE REPORT

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Background and Aims Lower limb amputation is a procedure usually performed under general or neuroaxial anaesthesia. However, in certain cases as patients in multiorgan failure, peripheral nerve blocks are the only viable alternative for anaesthesia.

Methods A 68-year-old male presented with an acute limb ischemia complicated by an infected ulcer leading to sepsis and multiorgan failure. The patient had a history of diabetes, myocardial infarction and triple vessel disease waiting for CABG. Considering the patient's cardiac condition, septic status, acute kidney injury, acute liver failure, general and spinal anaesthesia was deemed high risk. Therefore, a combination of iliac fascia, subgluteal sciatic and obturator blocks was proposed for anaesthesia to a life-saving transfemoral amputation. The procedure was carried out under sedation with dexmedetomidine and ketamine.

Results The patient had adequate anaesthesia and remained hemodynamically stable throughout the surgery and the post-operative period. Sedation in this procedure was required for the comfort of the patient and analgesia adjuvant.

Conclusions Sepsis induced multiorgan dysfunction is a challenge for the anaesthesiologist due to general and spinal anaesthesia side effects. Nerve blocks with sedation could be a safe alternative for anaesthesia in septic patients proposed for limb amputation.

#36407 REGIONAL ANESTHESIA TECHNIQUES VERSUS NEURAXIAL TECHNIQUES FOR LOWER LIMB PERIPHERAL VASCULAR SURGERY AT HIGH-RISK PATIENTS

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Background and Aims Peripheral vascular disease (PVD) is a major cause of morbidity and mortality globally, with significant financial burdens on critical healthcare resources. Regional blocks is a widely used anesthesia techniques for high-risk patients with severe coexisting diseases and use of anticoagulants in which general anesthesia and neuraxial blocks is harmful and should be avoided. The aim of this study is to