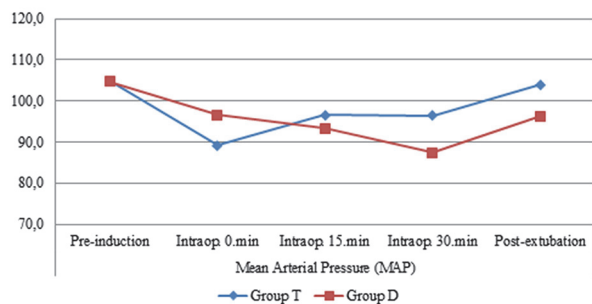


Abstract #36552 Figure 1 Heart rates



Abstract #36552 Figure 2 Mean arterial pressure changes

**Conclusions** The dexmedetomidine as an adjuvant to bupivacaine in the bilateral subcostal TAP block will provide stable hemodynamics. It should be supported by studies with large participation.

**Attachment** zeki tez etik.pdf

**#36485 ARE WE ALL READY TO PERFORM & TEACH THE PLAN-A BLOCKS?**

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10.1136/rapm-2023-ESRA.556

**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** The 2021 curriculum for anaesthetists in training in the United Kingdom recognises the importance of regional anaesthesia. All anaesthetists in training are now expected to be able to perform regional anaesthesia to the abdominal wall, chest wall, lower limb and upper limb independently by the end of their training. The Regional Anaesthesia UK (RA-UK) Plan A blocks documents provide a framework for regional anaesthetic techniques covering each region of the body. We wanted to assess the readiness of our department to be able to perform and/or teach these skills.

**Methods** We designed an anonymous questionnaire to assess the readiness of permanent staff members within our department to perform and teach each technique listed in the RA-UK plan A blocks, including catheter techniques.

**Results** 62 responses were received. Of these, 47 were from consultants or locally employed doctors who would be expected to supervise trainees during their daily work. Table 1 demonstrates that, In our institution we identified a high proportion of permanent staff members able to teach the upper and lower limb plan A blocks, but a much lower confidence level with trunk blocks.

**Conclusions** This survey demonstrates the need to focus on training of the permanent staff body in plan A trunk blocks in particular before we can reliably teach anaesthetists in training. 92% respondents felt future departmental teaching/sessions on scanning and teaching on Plan A blocks would be helpful for their development, including the use of perineural/fascial plane catheter techniques.

**Attachment** Plan A blocks abstract.pdf

**#35963 WALANT TECHNIQUE FOR HAND SURGERY: WHAT'S THE ADVANTAGE? – CASE REPORT**

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10.1136/rapm-2023-ESRA.557

**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** Regional anesthesia has been used for hand surgeries for many years, but a recent technique has been becoming increasingly popular: the 'wide- awake local anesthesia no tourniquet' (WALANT). This allows the combination of sensitive block and a bloodless field, with preservation of motor function.

**Methods** We selected a 63-year-old male patient with an old traumatic tendon section in the first finger of his hand that resulted in loss of mobility. One year later, he was proposed for tendon transposition from the second to the first finger to reestablish total abduction ability. The patient only had grade 1 obesity. We performed ultrasound guided peripheral nerve blocks of the radial, ulnar and median nerves at the forearm level, which preserved motor function during the surgery and guaranteed loss of pain sensation. To obtain a bloodless field without a tourniquet, we performed ultrasound assisted subcutaneous infiltration of lignocaine and epinephrine on the dorsal surface of the hand.

**Results** The surgery lasted two hours, and the size of the transposed tendon was deemed appropriate through intraoperative observation of ideal hand mobility (see QR code). The orthopedics team confirmed optimal surgical field conditions with this technique. The patient was evaluated at 1 month and, with physical therapy, regained almost all mobility of the hand and showed immense satisfaction.



Abstract #35963 Figure 1 WALANT QR code

**Conclusions** For hand procedures where there's an advantage in evaluating motor function throughout the surgery, the WALANT technique proved itself to be an excellent anesthetic choice. Therefore, this technique should be considered more frequently when these surgeries take place.

#### #36435 THORACIC ESP BLOCK: A CASE SERIES IN TRAUMA PATIENTS

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10.1136/rapm-2023-ESRA.558

**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** Rib fractures are common in polytrauma patients and require effective analgesia to prevent respiratory complications. Optimal pain management requires multimodal approach including regional anesthesia. Ultrasound-guided erector spinae plane block (ESPB) with catheter placement allows good pain control, improves respiratory outcomes and has negligible risk. Our aim was to present a case series of 11 patients with multiple rib fractures whom thoracic ESPB with catheter placement was performed for analgesia.

**Methods** We present a case series of 11 patients, between 41-80 y-old and mostly ASA II whom thoracic ESPB was performed for pain management. All patients were referred to the acute pain unit due to uncontrolled pain and/or worsening respiratory function. Thoracic ESPB with catheter placement was performed and an analgesic regimen such as PCA (infusion and/or bolus) or PIEB was applied.

**Results** The number of broken ribs varied from 5-10, and in one of the cases the patient had bilateral rib fractures. Four received non-invasive ventilation and 2 mechanical invasive ventilation. Six of them had pulmonary contusion, 3 evolved to pulmonary infection. Nine patients were under PCA (infusion and/or bolus) and 2 patients under PIEB regimen. In all patients ropivacaine 0,2% was the chosen local anesthetic. In all cases there was an improvement in pain scores 24h after

ESPB. The mean PaO<sub>2</sub>/FiO<sub>2</sub> ratio was higher in all patients 24h after catheter placement.

**Conclusions** Further investigation on ESPB with catheter placement should be made as it may be an alternative to epidural or thoracic paravertebral block in patients with multiple rib fractures.

#### #34611 CHANGES IN ELECTRICAL IMPEDANCE VALUES OF THE NERVE BLOCK NEEDLE TIP DURING POPLITEAL SCIATIC NERVE BLOCK: A REPORT OF THREE CASES

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10.1136/rapm-2023-ESRA.559

**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** Accurate monitoring of the needle tip position during a nerve block procedure enables the procedure to be performed effectively and safely. Electrical impedance (EI) values, which indicate the electrical resistance of the needle tip, can be measured by using a nerve stimulator. The EI values vary depending on the water retention of the tissue at the needle tip. We report changes in the EI values in three patients in whom EI values were measured at multiple points during a popliteal sciatic nerve block.

**Methods** We obtained written case report consent from three adult patients undergoing elective lower extremity surgery. All of the blocks were performed before induction of general anesthesia. EI values were recorded when the block needle tip was within the biceps femoris muscle (#1), just outside the paraneural sheath (#2), inside the paraneural sheath (#3) on the ultrasound monitor, and after a local anesthetic had been administered within the paraneural sheath (#4).

**Results** The 4-point EI values (kΩ; #1, #2, #3, #4) for the three patients were (8.3, 8.3, 14.3, 5.9), (6.5, 7.3, 10.1, 5.2), and (6.5, 9.0, 12, 3.0) respectively. In all cases, the EI values increased when the needle tip entered from the outside to inside the paraneural sheath, and the EI values significantly decreased after local anesthetic administration. No adverse events occurred.

**Conclusions** The results suggested that monitoring changes in the EI value during a popliteal sciatic nerve block may be a new indicator of the needle tip location.

#### #34391 STRETCHING THE POTENTIAL OF THE LUMBAR ESP BLOCK: CASE REPORT OF AN EFFECTIVE PERIOPERATIVE ANALGESIA FOR A MAJOR TIBIA ENDOPROSTHETIC SURGERY

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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)