



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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**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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**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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