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.

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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 anaesthesia. EI values were recorded when the block needle tip was within the biceps femoris muscle (#1), just outside the paraneurale sheath (#2), inside the paraneurale sheath (#3) on the ultrasound monitor, and after a local anesthetic had been administered within the paraneurale 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, 3.0) respectively. In all cases, the EI values increased when the needle tip entered from the outside to inside the paraneurale 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.

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Background and Aims Thoracic 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.

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.
Background and Aims The Erector Spinae Plane (ESP) block is a good perioperative analgesia for thoracic, chest wall, abdominal, spinal and hip surgeries. A recent case report had demonstrated its efficacy in post-operative analgesia for an above-knee amputation, but no reports have been published on ESP for surgeries below the level of the knee. The authors would like to publish the first case report of effective use of lumbar ESP block with catheter for intra and post-operative analgesia for an extensive tibia endoprosthesise surgery.

Methods We report a 12-year-old male with non-metastatic osteosarcoma of the right proximal tibia undergoing tibia endoprosthetic surgery. ESV and his mother were keen for a block for supplemental analgesia but not involving the central neuraxial axis, so a lumbar ESP at L3 level was proposed. ESV was given a general anaesthetic and an ESP with catheter was sited at the level of the right L3 transverse process.

Results The patient underwent a 7-hour long resection of tumour and insertion of tibia endoprosthesis for which the ESP initial bolus was effective in achieving good intraoperative analgesia. Post-operatively, the ESP catheter was used to deliver programmed intermittent boluses (PIB) of local anaesthetic for analgesia in the first 3 post-operative days, while facilitating ambulatory physiotherapy.

Conclusions Our patient had demonstrated the efficacy of a lumbar ESP block in delivering good intraoperative analgesia for lower limb surgery. It also demonstrates that the continued use of a lumbar ESP catheter for PIB local anaesthetic boluses affords adequate analgesia without significant motor block and impendence to physiotherapy.

Conclusions Bilateral transverse abdominis plane block is a valid alternative to thoracic epidural in aortic-bifemoral bypass. Transverse abdominis plane block with a posterior approach can give a sensory block from T7 until L1.

Abstract #36493 Figure 1  Transverse abdominis plane block with a posterior approach towards the Petit’s triangle

Abstract #33956 Scapular Acromion Fracture for Elective Open Reduction and Internal Fixation

Background and Aims Scapula fractures are uncommon and are usually caused by high energy trauma which are often associated with intrathoracic injury. Treatment is usually non-operative with immobilization or a sling and rarely requires surgery. This case study aims to discuss a potential regional approach for patients with scapular fractures needing operative repair. Our patient is an 81 year old female with past medical history of obesity (BMI 36), hypertension, coronary artery disease, chronic kidney disease, gastroesophageal reflux, depression, and osteoporosis who presented with a stress fracture at the base of the acromion process of her right scapular from a fall that failed conservative, nonoperative management. She was scheduled for an elective open reduction and internal fixation via posterior approach.

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