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.

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 increased when the needle tip entered from the outside to the paraneural sheath (#3) on the ultrasound monitor, and after a local anesthetic had been administered within the paraneural sheath (#4).

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. EL 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 EL values (\(\Omega\); #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, 12.0, 3.0) respectively. In all cases, the EL values increased when the needle tip entered from the outside to inside the paraneural sheath, and the EL values significantly decreased after local anesthetic administration. No adverse events occurred.

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

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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 present a case series of 11 patients, between 41-48 years 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 PaO2/FiO2 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.

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Background and Aims 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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Abstracts
Abstracts

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 endoprosthetic 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 impediment to physiotherapy.

Attachment Supplementary File.doc

#36493 
TRANSVERSE ABDOMINIS PLANE BLOCK AS AN ANALGESIC ALTERNATIVE TO THORACIC EPIDURAL IN VASCULAR 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)

Background and Aims Aortic-bifemoral bypass is a surgery chosen for patients with Leriche syndrome or severe peripheral arteriopathy. This procedure implies a laparotomy supra and infraumbilical. That translates into a severe pain during postoperative period. Therefore, pain management becomes a key pillar for early recovery. Cardiovascular anesthesiologists usually choose low thoracic epidural to control pain. However, the circumstances of some patients make it a non-feasible technique. In those cases, abdominal wall blocks are a valid alternative reducing pain, morbidity and the length of stay in hospital.

Methods We expose a case in which a bilateral transverse abdominis block with a single shot technique was performed on a patient who was elected for aortic-bifemoral bypass.

Results A woman 61 years old is elected for aortic-bifemoral bypass at the level of Petit’s triangle. We administered levobupivacaine 0.25% with a volume of 40 ml in total. During the first 48 hours in the ICU, she received an elastomeric pump consisting of dexketoprofen, metamizole and ondansetron. She didn’t have irruptive pain either she got any opioid rescue analgesia.

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

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.

#33956 SCAPULAR ACROMION FRACTURE FOR ELECTIVE OPEN REDUCTION AND INTERNAL FIXATION

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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.