

**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 endoprosthesis surgery.

**Methods** We report a 12-year-old male with non-metastatic osteosarcoma of the right proximal tibia undergoing tibia endoprosthesis 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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10.1136/rapm-2023-ESRA.561

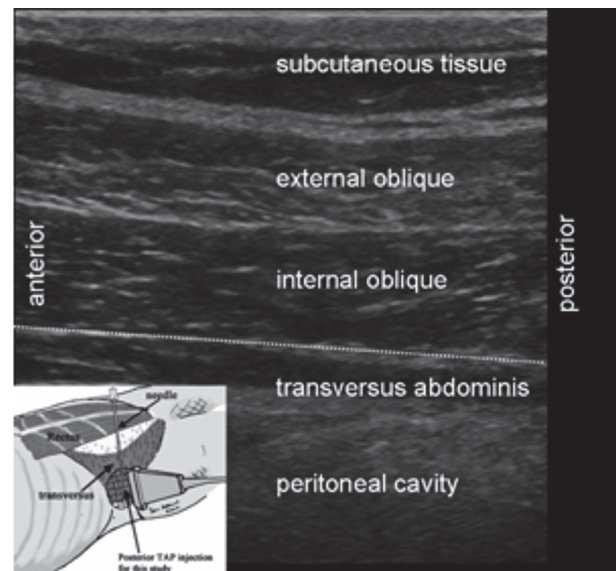
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**Background and Aims** Aortic-bifemoral bypass is a surgery chosen for patients with Leriche syndrome or severe peripheral arteriopathy. This procedure implies a laparotomy supra and infraumbilical. That translates into a severe pain during postoperative 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 due to Leriche syndrome. In our hospital our gold-standard technique is thoracic epidural at a T10-T11 level. However, in this case she had systemic sclerosis, so we decided to perform a bilateral transverse abdominis block with a posterior approach 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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10.1136/rapm-2023-ESRA.562

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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.