Peripheral vascular disease and prior above knee amputations. Peripheral nerve block serves as a good alternative for both intraoperative and postoperative analgesia. This case report aims to describe the role of suprainguinal fascia iliaca block for hip disarticulation surgery.

Methods
A 54-year-old male, presented with large inguinal ulcer and stump ulcer following above knee amputation due to peripheral arterial disease. Patient had history of chronic renal disease on routine dialysis, congestive heart failure with low ejection fraction, diabetes mellitus, and valvular heart problem. He was still on both oral clopidogrel and cilostazol. General anesthesia was conducted with fentanyl and ketamine as induction agents then central line was inserted. Suprainguinal fascia iliaca block was attempted with 40 mls of ropivacaine 0.375%; then continuous catheter was inserted after successful single shot block. Intraoperatively, hemodynamic was stable and no additional opioid was administered. Postoperative pain management included continuous ropivacaine 0.2% 10 ml/hour, oral paracetamol, and gabapentin. Patient reported minimal pain at 24 hours postoperative.

Results
Hip disarticulation surgery is relatively rare procedure with challenging anesthesia management, especially when it is delivered in high-risk patients. Peripheral nerve block, including suprainguinal fascia iliaca block, may provide beneficial alternative for both intraoperative and postoperative analgesia.

Conclusions
Suprainguinal fascia iliaca block serves as relatively simple and safe peripheral nerve block for hip disarticulation surgery in high-risk patients.
Application for ESRA Abstract Prizes: I don’t wish to apply for the ESRA Prizes

Background and Aims In breast surgery, locoregional anesthesia has shown its effectiveness in pain management and in preventing the onset of post-mastectomy pain syndrome (PMPS). In particular, a totally opioid-free approach can be reserved for fragile patients. We experienced a series of ESP block and parasternal (PSB) block combination as a new approach for analgesia in modified radical mastectomy (MRM).

Methods We selected five patients from 34 to 68 years old who underwent a modified radical mastectomy; ESP block was performed at T5 level with 25 ml of ropivacaine 0,5% and PSB block was administered with 10 ml of ropivacaine 0,5% between II and IV ribs for a better cover of the anteromedial chest wall. Patients underwent general anesthesia with a supraglottic device and opioids were given neither during or after surgery. Intravenous Paracetamol was provided every 8 hrs for 24 hrs.

Results Pain score in a NRS scale, mg of morphine demanded by patients and presence of PONV were recorded. Four of five patients reported a pain score <3 on the NRS scale, only 1 patient required 1 mg of morphine at 6 hrs with a score of 5 on NRS scale. No other symptoms were described. Furthermore, at a three-month post-operative follow-up, no pain >2 on the NRS scale was reported.

Conclusions Combination of ESP block + PSB block has shown efficacy in ensuring good pain management during and after MRM in a totally opioid-free anesthesia perspective. Moreover, the low onset of pain at three months suggests its potential in PMPS prevention.

Point-of-care ultrasound use (POCUS)

#35836 DEVELOPMENT OF AN INSTITUTIONAL GUIDELINE FOR CLEANING AND DISINFECTION OF SURFACE US PROBES

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Abstract #36481 Figure 1 Flowchart

Abstracts