

**Background and Aims** There are several methods for pain control in hip fracture patients. Recently, a pericapsular nerve group block was introduced. This block is very effective for pain control in hip fracture patients, and there is a report that it is very effective for pain control after surgery, especially in the case of continuous pericapsular nerve group blocks. We would like to discuss a more effective and accurate way to perform the pericapsular nerve group block.

**Methods** Two cases were administered. Both cases were hip fracture patients and ultrasound-guided continuous pericapsular nerve group block was performed. We also checked the fluoroscopic image using a contrast medium to recheck how the drug spreads and to confirm the appropriate position of the catheter. Postoperative pain was confirmed by a numerical rating scale, and complications such as motor weakness were also checked.

**Results** In both cases, low NRS was checked after surgery, and no complications occurred.

**Conclusions** If it is confirmed that the drug spreads well between the psoas tendon and the pubic ramus and the space between the psoas tendon and the pubic ramus is widened when injecting the drug, it can be considered an effective block.

#36480 **BILATERAL EXTERNAL OBLIQUE INTERCOSTAL CATHETER FOR POSTOPERATIVE ANALGESIA AFTER PANCREATODUODENECTOMY VIA BILATERAL SUBCOSTAL INCISION IN A PATIENT WITH ACQUIRED HAEMOPHILIA A: CASE REPORT**

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10.1136/rapm-2023-ESRA.596

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**Background and Aims** A 65 year-old male, ASA III with a medical history of etilism, hepatic fibrosis, COPD and acquired haemophilia A presented for a pylorus preserving pancreatoduodenectomy via bilateral subcostal incision. Directly before the surgery, the factor VIII level was not sufficient (only 32%) and based on the recommendation of haematologists the patient could not receive any NSAID or Salicylate. After an uneventful surgery he was transported to the intensive care unit (ICU) in intubated state. During the surgery he hasn't received any analgesics besides total amount of 150 mcg Fentanyl.

**Methods** In order to ensure adequate analgesia bilateral external oblique intercostal (EOI) catheter were placed under ultrasound guidance at the ICU, under coagulation factor protection. Once loaded with 20-20 mL of bupivacain 0.2% patient was successfully extubated with 1/10 of VAS pain score. Continuous blocks were accomplished by intermittent boluses in every 12 hours. Sensory deficit (T7-T10) was detected by pinprick test over the upper quadrants of the abdomen. There was no need to apply any additional analgesics. We have prepared a morphine PCA pump, however the patient didn't use it once. Two hours after the extubation he was sitting in the bed without any discomfort. The patient was released from the ICU on the first postoperative day. The catheters were removed on the 4th day.

**Results** The applied regional technique resulted in an effective and safe analgesia judged by low pain scores and early mobilization.

**Conclusions** EOI catheters provided efficient pain relieve after a pancreatic surgery via bilateral subcostal incision.

#34627 **ULTRASOUND GUIDED FASCIA ILIACA VS PENG WITH LFCN BLOCK IN FRACTURE NECK OF FEMUR: OUR EXPERIENCE**

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10.1136/rapm-2023-ESRA.597

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**Background and Aims** Peripheral nerve blocks rather than systemic analgesia are usually used in older patients with fracture neck femur. In this study, we compared fascia iliaca vs PENG with LFCN block for fracture neck of femur surgery.

**Methods** Geriatric group of patients of age 70 years or over, ASA 2 & 3 with body weight 50 to 90 Kg were included in our study. Out of 40 patients, 20 were taken alternatively for fascia iliaca (Gr-F) or in PENG with LFCN (Gr-P) group. Drugs mixture for the nerve blocks contained equal volume of 2% Lidocaine in adrenalin and 0.5% bupivacaine (plain) with 10 mg dexamethasone. Ultrasound-guided peripheral nerve block was performed with 40ml for FI block in Gr-F and 30ml ml and 10 ml respectively in Gr-P for PENG and LFCN blocks. VRS was assessed 30 minutes following the nerve block procedure. All patients received CSE with 10 mg Bupivacaine heavy for spinal anesthesia and Inj. dexmedetomidine infusion at 0.5 mic/kg/hr for sedation as our routine anesthetic technique in the intraoperative period. Pain, hemodynamics, complications, timing of initiation of epidural infusion were studied.

**Results** Students T test was applied for the analysis. During positioning VRS score at 30min was Gr-P 1.15 ( $\pm$  0.344), in Gr-F it was 2.2 ( $\pm$  0.589) ( $p < 0.0256$ ). Per-operative hemodynamic responses were not significantly different ( $P < 0.08$ ). Duration of analgesia in Gr-P was 16.96 ( $\pm$  1.86) hours and Gr-F 13.69 ( $\pm$  1.04) hours with P value  $< 0.293$ .

**Conclusions** PENG with LFCN block revealed better analgesic quality during positioning for CSE performance in our study.

#36228 **A PROSPECTIVE LONGITUDINAL STUDY COMPARING SUBJECTIVE AND OBJECTIVE PARAMETERS IN POSTOPERATIVE PAIN**

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10.1136/rapm-2023-ESRA.598

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