

corresponds to the statements from some other studies that determined the perception of fear and pain using measuring instruments. Patients were generally anxious about the prospective surgery and pain perception decreased over the perioperative period.

**Conclusions** All in all, the participants in the survey were anxious and sensitive to pain on average. This can be explained by the great communication between medical staff and the patient during the hospitalization. The use of the measuring instruments NRS and STAI was also probably suitable for everyday clinical practice and should be used for sustained use in order to achieve the best possible result for risk patients.

**Attachment** Ethic Committee Approval.pdf

### #36454 SUPRA-INGUINAL FASCIA ILIACA BLOCK (SIFIB) FOR TOTAL HIP ARTHROPLASTY (THA) – WHAT CAN GO WRONG?

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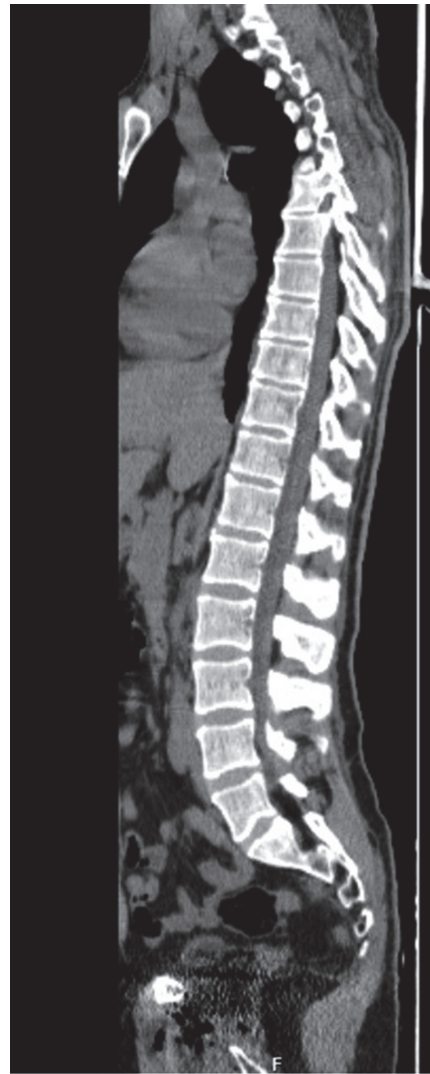
10.1136/rapm-2023-ESRA.614

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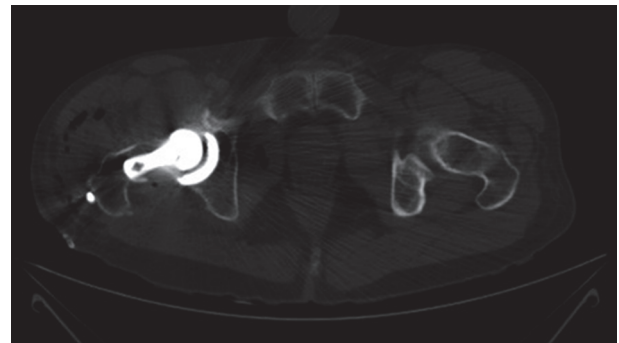
**Background and Aims** THA is associated with severe postoperative pain. SIFIB is a reliable analgesic option as a part of multimodal analgesia, reducing pain, opioid consumption and its related adverse effects. Adequate pain control is important for early ambulation and patient satisfaction. However, SIFIB may potentially lead to decreased motor strength of quadriceps, delaying physical rehabilitation and discharge.

**Methods** We report a case of a middle-aged male submitted to right THA using SPAIRE technique for treatment of coxarthrosis.

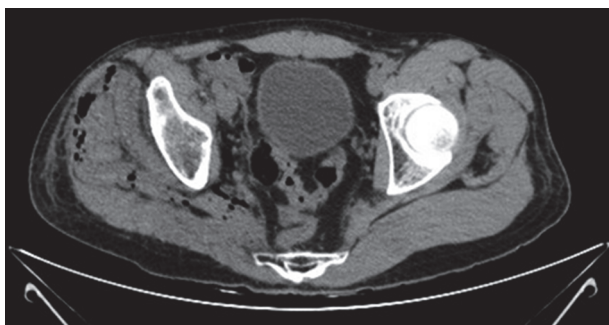
**Results** A 43-year-old male (ASA I, BMI 21) was scheduled for elective uncemented THA. A spinal single-shot block through the L3/L4 intervertebral space (paravertebral approach), in left lateral decubitus position, was achieved after 3 attempts, with a 27G Quincke needle and injection of 9mg of levobupivacaine and 2ug of sufentanyl. Intraoperative course lasted 90 minutes and was uneventful. Acetaminophen (1g), ketorolac (30mg) and dexamethasone (8mg) were administered. An ultrasound-guided SIFIB was performed post-operatively, using a 50mm echogenic needle and 20mL of 2mg/dL of ropivacaine, without complications. After 48h, the patient had right quadriceps motor weakness (2-3/5) and hypoesthesia of L2-L4 dermatomes. A spine and hip CT scan were negative. Dexamethasone, gabapentin, cyanocobalamin, pyridoxine and thiamine were prescribed. After 72h, physical examination was normal (muscular strength 4-4.5/5 with no sensory changes). One month later no sequelae were observed.



Abstract #36454 Figure 1 Sagittal section of spine CT-scan



Abstract #36454 Figure 2 Axial CT-scan of pelvis



**Abstract #36454 Figure 3** Axial CT-scan at the body level of SIFIB

**Conclusions** SIFIB is an easy to perform and safe block that provides analgesia for hip joint and femur procedures, facilitating postoperative rehabilitation. Sensory and motor block can delay mobilization, but with no nerve damage, sequelae are unlikely.

**#36449 ANALGESIC EFFICACY OF PERIPHERAL NERVE BLOCK AND ACETAMINOPHEN MEDICATION ~A RETROSPECTIVE STUDY OF 273 LOWER EXTREMITY SURGERIES WITH ULTRASOUND-GUIDED PERIPHERAL NERVE BLOCK IN A SINGLE CENTER~**

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10.1136/rapm-2023-ESRA.615

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**Application for ESRA Abstract Prizes:** I don't wish to apply for the ESRA Prizes

**Background and Aims** We retrospectively evaluated the clinical analgesia efficacy in multimodal analgesic techniques combining a single peripheral nerve block and a single acetaminophen administration.

**Methods** A retrospective observational study approved by an ethics committee at a single-center university hospital, 273 lower extremity surgeries performed between April 2020, and April 2021, were conducted. Subjects were maintained by general anesthesia with several US-guided nerve blocks. Pain score (VAS value  $\geq$  five) within 2 hours was defined as block failure (F group: 12.1%). 240 patients in the successful nerve block group (group S) were classified into acetaminophen non-treated group (group A) and acetaminophen treated group (group B) to evaluate their clinical efficacy. The primary endpoints were VAS at 0, 2, 6, 12, and 24 hours, the number of patients with VAS values  $\geq$  five within 6 and 24 hours, rescue medications, PONV cases. Statistical analysis using the  $\chi$ -square, T and Mann-Whitney U test and p-value $<$ 0.05 was considered statistically significant.

**Results** No background difference between Group A and B. Acetaminophen-related postoperative pain in 6 hours (7 patients (11.3%) in Group A and 7 patients (3.9%) in Group B; P=0.03). No differences were noted in rescue medications, or PONV counts between A and B. Block failure related to higher VAS through the postoperative course and rescue medications.

**Conclusions** A lower VAS score within 2 hours postoperatively was associated with lower VAS values up to 24 hours and a lower number of rescue medications. A single intraoperative acetaminophen regimen with nerve block associated with lower VAS values in 6 hours postoperatively.

**Attachment** ADD chart ESRA 2023 paris.pdf

**#36300 'FETTY TRANQ' – A MULTIDISCIPLINARY APPROACH TO SURGICAL AND ACUTE PAIN MANAGEMENT**

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10.1136/rapm-2023-ESRA.616

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**Application for ESRA Abstract Prizes:** I apply as an Anesthesiologist (Aged 35 years old or less)

**Background and Aims** There has been dramatic rise in poly-substance abuse including utilization of synthetic compounds. A new combined agent known colloquially as 'Fetty Tranq' is an emerging threat. Xylazine, a non-opioid veterinary tranquilizer with direct alpha-2 adrenergic receptor agonism, is being combined with street fentanyl to extend effects and enhance euphoria. Through alpha-adrenergic effects, xylazine produces local vasoconstriction leading to characteristic and progressive wound presentation. Epidemiologic studies demonstrate geographical predominance of this toxic combination in the Northeastern United States, particularly in the city of Philadelphia. The latest health update released by the Philadelphia Department of Public Health in December of 2022 reported detection of xylazine in 90% of street opioid samples.

**Methods** 41-year-old male with several year history of intravenous drug use presented with several islands of necrotic wounds on bilateral lower extremities. Addiction medicine consulted for withdrawal and pain management in setting of active substance use. Patient taken to OR by plastic surgery for excisional debridement of wounds. Right popliteal-sciatic and left adductor canal catheters placed for postoperative pain management by RAAPM service.

**Results** Important to recognize, identify and transfer to appropriate level and range of care. This is not a 'Narcan-resistant opioid', but rather a combination of two chemicals with physical and psychological consequences.