



**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~**

<sup>1</sup>Keisuke Nakazawa\*, <sup>2</sup>Eiichi Kawamoto, <sup>3</sup>Risa Oikawa, <sup>3</sup>Mayumi Kuroda, <sup>3</sup>Shota Moriwaki, <sup>1</sup>Takefumi Kamiya, <sup>4</sup>Ryota Tsukui, <sup>3</sup>Minoru Nomura. <sup>1</sup>Department of Anesthesia, Nihon University School of medicine, Tokyo, Japan; <sup>2</sup>Department of Anesthesia, Tokyo Women's Medical University, Shinjuku, Japan; <sup>3</sup>Department of Anesthesia, Tokyo Women's Medical University, Tokyo, Japan; <sup>4</sup>Department of Anesthesia, Tokyo Metropolitan Ohtsuka hospital, Tokyo, Japan

10.1136/rapm-2023-ESRA.615

**Please confirm that an ethics committee approval has been applied for or granted:** Yes: I'm uploading the Ethics Committee Approval as a PDF file with this abstract submission

**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**

<sup>1</sup>Dennis Warfield\*, <sup>2</sup>Mikayla Borusiewicz, <sup>3</sup>Isha Joshi, <sup>4</sup>Donald Dissinger, <sup>1</sup>Lori Amertil, <sup>2</sup>Michelle Gniady, <sup>4</sup>Taffy Anderson. <sup>1</sup>Division of Regional Anesthesiology and Acute Pain Medicine, Department of Anesthesiology and Perioperative Medicine, Penn State Health Milton S. Hershey Medical Center, Hershey, USA; <sup>2</sup>Division of Plastic and Reconstructive Surgery, Department of Surgery, Penn State Health Milton S. Hershey Medical Center, Hershey, USA; <sup>3</sup>Penn State College of Medicine, Penn State Health Milton S. Hershey Medical Center, Hershey, USA; <sup>4</sup>Interdisciplinary Addiction Medicine, Department of Psychiatry and Behavioral Health, Penn State Health Milton S. Hershey Medical Center, Hershey, USA

10.1136/rapm-2023-ESRA.616

**Please confirm that an ethics committee approval has been applied for or granted:** Not relevant (see information at the bottom of this page)

**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.