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.

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
Abstract #36300

**Figure 1** Initial presentation and characteristic appearance for (different) patient presenting with upper extremity wound after intravenous use of xylazine mixed with fentanyl.

**Figure 2** Postoperative day 11: Inpatient status-post skin grafting (right lower extremity).

**Figure 3** Postoperative day 21: Outpatient follow-up with interval wound healing (right lower extremity).

**Conclusions** After one-month follow-up post grafting to bilateral lower extremities, patient continues local wound care with non-adherent dressings and minimal pain. Purpose of this case report is to exemplify team-based approach and global view of treatment for patient in need of withdrawal treatment, surgical wound care and multimodal analgesia.

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**#35869 ESP BLOCK AS A NEW CHOICE FOR MULTIMODAL ANALGESIA IN SCAPULOTHORACIC ARTHROSCOPY**

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

**Background and Aims** The erector spinae plane block (ESP), was described in 2016. ESP block technique involves ultrasound-guided injection of volume of local anesthetic into the fascial plane between the tips of the vertebral transverse processes and erector spinae muscle. Local anesthetic spreads over 3–6 vertebral levels in a craniocaudal direction. Snapping scapula or scapular thoracic syndrome occurs due to disruption of the smooth gliding motion between scapula and thoracic cage. It can be chronic and very disabling for patients. The patient population is commonly young and active presented with pain in the scapulothoracic area aggravated by overhead and repetitive shoulder movements.

**Methods** Women, 54 yo no past medical history, more than 8 months suffering right disabling scapula pain and clicking in the superior medial border of the scapula. No good results to non-operative management. VAS 9/10. Positive response to corticosteroid and local anesthetic injection. Was programmed for scapulothoracic arthroscopy under general anesthesia ‘chicken wing’ position adding preoperative ESP block T4 for multimodal analgesia with 0.25% 25ml Levobupivacaine and dexamethasone 4mg.

**Results** VAS was recorded in time1 (1h postsurgery in PACU) 1/10, time2 (6h postsurgery) 1/10 and time3 (20h postsurgery, before discharche) 3/10. Three months later patient showed improvement in VAS versus preoperative situation and also in quality and range of movement.

**Conclusions** We can conclude that in this patient adding to common 1st step intravenous analgesia ESP block, was a good option in terms of quality of analgesia and patient comfort without complications, but is necessary studies to recommend ESP block for this surgeries.

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**#36462 POSTOPERATIVE OF TOTAL ABDOMINAL HYSTERECTOMY (TAH) USING DRUG INFUSION BALLON (DIB): EPIDURAL ANALGESIA VS PARENTERAL ANALGESIA – TIME TO CHANGE OUR PRACTICE?**

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