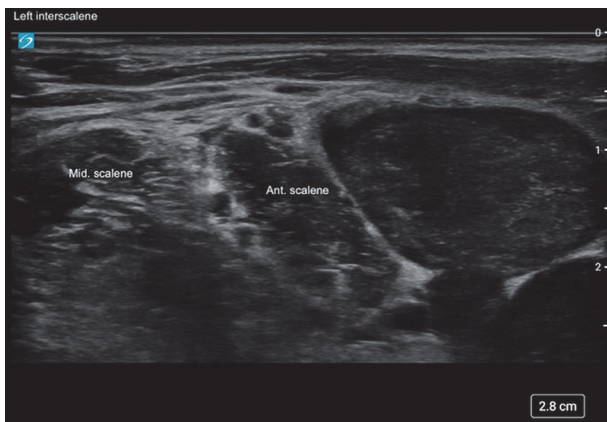


Abstract #34299 Figure 1



Abstract #34299 Figure 2

Conclusions This case report shows reduced analgesic efficacy of superior trunk block performed anterior to the anterior scalene muscle in the anatomically variant brachial plexus.

#34300 PERICAPSULAR NERVE GROUP BLOCK ADDED TO FEMORAL AND LATERAL FEMORAL CUTANEOUS NERVE BLOCK USED FOR POSITIONING PATIENTS WITH HIP FRACTURES FOR SPINAL ANAESTHESIA

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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 Anaesthesiologist (Aged 35 years old or less)

Background and Aims A retrospective evaluation of the analgesic efficacy of two nerve block techniques used in patients with neck of femur fracture before positioning them for spinal anaesthesia. Technique A: pericapsular nerve group (PENG) block, femoral and lateral femoral cutaneous nerve block and technique B: femoral and lateral femoral cutaneous nerve

block. Intravenous propofol and alfentanil boluses were used in both techniques as a rescue measure to manage pain during positioning and spinal anaesthesia.

Methods Twenty-nine trauma patients with neck of femur fractures who underwent hemiarthroplasty surgery between Feb 2022- Feb 2023 were included. Retrospective data were collected from anaesthetic charts. Only patients with documented normal cognitive status who underwent spinal anaesthesia on the left lateral position with the fractured side uppermost were included. Both blocks in techniques A and B were performed preoperatively and intended to provide peri and postoperative analgesia. The analgesic efficacy for both techniques was assessed by the number of times rescue intravenous propofol and alfentanil boluses were used to manage pain during positioning and spinal anaesthesia procedure. The z-test statistical test was used to analyse the results.

Results Patients who received Technique A required fewer intravenous propofol and alfentanil boluses during positioning. No intravenous boluses were needed during the spinal anaesthesia procedure, providing better analgesia quality than Technique B with a p-value of 1.13×10^{-7} .

Abstract #34300 Table 1

Technique	Rescue intravenous boluses given during positioning (n=29)	Rescue intravenous boluses given during spinal anaesthesia procedure (n=29)
A	8	0
B	25	4

Conclusions Adding a PENG block to femoral and lateral femoral cutaneous nerve blocks provided better analgesia for positioning and spinal anaesthesia than femoral and lateral cutaneous nerve blocks alone.

#34298 PARASTERNAL PLANE BLOCK FOR THE AWAKE STERNAL SURGERY

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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 Anaesthesiologist (Aged 35 years old or less)

Background and Aims The analgesic efficacy of parasternal plane block in pain management after cardiac surgery and sternal fractures has been reported in multiple studies. However, evidence of its use as a sole anaesthetic technique for awake sternal surgery is scarce. This case report describes using this block technique in awake surgery involving the sternum.

Methods A 66-year-old patient with poorly controlled diabetes and unstable angina due to severe and inoperable multivessel coronary artery disease was booked for debridement and washout of an infected deep sternal wound involving the periosteum. The patient consented to have the procedure awake under a parasternal plane block. An ultrasound-guided bilateral parasternal plane block alongside the lateral edges of the sternal wound was performed using safe doses of local anaesthetic