

**Abstract #34503 Figure 3** Ultrasound anatomy of Transverse process T1 and erector spinae muscle with local anaesthetic infiltration

**Results** After procedure, patient was able to lift up right arm and effectively carry out deep breathing exercise. Pain score was markedly reduced.

**Conclusions** ESP block is effective for managing pain secondary to sternal fracture with sternoclavicular joint dislocation and rib fractures. It can be implemented as primary option for analgesia in such blunt thoracic injuries.

**#35876 REVIEWING THE APPLICATION OF RIB FRACTURE PAIN MANAGEMENT POLICY IN A DISTRICT GENERAL HOSPITAL**

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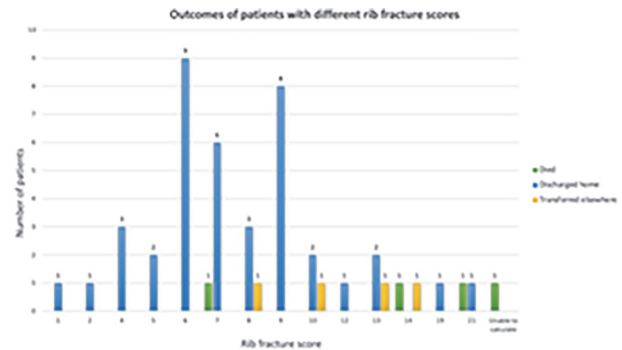
**Please confirm that an ethics committee approval has been applied for or granted:** Yes: I'm uploading the Ethics Committee Approval as a PDF file with this abstract submission

**Background and Aims** Rib fractures commonly occur in trauma patients and cause morbidity and mortality due to secondary pulmonary complications. This study aims to assess if patients presenting with rib fractures are managed according to the Countess of Chester hospital (COCH) rib fracture guidelines and outcomes.

**Methods** Data was collected on patients >18 years of age presenting to COCH with rib fractures between April 2022 and April 2023. Outcomes measured were rates of rib fracture score (RFS) calculation, regional anaesthetic (RA) block rates, LOS (length of stay), intensive treatment unit (ITU) admission rates and mortality rates.

**Results** A total of 48 patients were included in the study. 25% had RFS calculated during their stay. Totally, 20.83% of patients had a RA block attempted however only 30.77% of patients with an RFS > 9 had a RA block attempted. 18.75%

required ITU admission – these patients had an average LOS of 10.11 days in ITU and 24.5 days overall. 83.33% were discharged home, 8.33% died and 8.33% were transferred elsewhere.



**Abstract #35876 Figure 1** Graph showing outcomes of patients with different rib fracture scores

**Conclusions** 75% of patients presenting to COCH with rib fracture did not have a RFS calculated and therefore were not considered for RA blocks. In addition, a significant proportion of anaesthetists were untrained in nerve blocks/nerve catheters for rib fractures. We are now administering ESPB catheter training and are administering education to nursing staff to improve rates of RFS calculation and improve risk stratification of these patients. We anticipate these interventions to reduce morbidity, mortality and subsequent LOS, which we will re-audit in 1 years' time.

**Attachment** ESRA Ethics letter.pdf

**#36010 SACRAL ESP FOR PAIN MANAGEMENT IN TRANSFORAMINAL LUMBAR INTERBODY FUSION CASES: A CASE SERIES**

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

**Background and Aims** Lumbar erector spinae block (ESP) is effective for spine surgeries but is deep and technically demanding. Sacral ESP is a novel approach for sacrococcygeal procedures and can potentially cover lumbar dermatomes by the cranial drug spread. This is the first reported case series demonstrating the analgesic efficacy of sacral ESPB for lumbar spine surgeries.

**Methods** Ten patients having radiculopathy at the level of the lumbosacral area were scheduled for transforaminal lumbar interbody fusion (TLIF). General anaesthesia was induced as per standard practice. All patients received sacral ESP in a prone position under ultrasound guidance with a needle inserted in-plane while targeting the fascial plane between the muscles and S2 median crest and a 20 ml mixture of ropivacaine and adrenaline (5 µg/ml) was injected beneath the muscle. All patients had good analgesia in the postoperative period