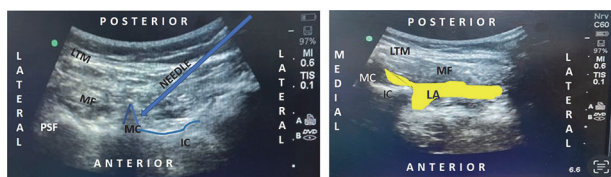


and could ambulate at 24 hours with minimal support. (figure 1).

Results The demographic and block characteristics are described in figure 2. Fentanyl supplementation was needed in 3 patients during the procedure. In the recovery area, only 2 patients [2-level TLIF] reported an NRS of 5/10 and required fentanyl bolus. At the end of 24 hrs, all the patients could ambulate with support without any significant pain. No adverse effects were reported apart from mild nausea in one patient



Abstract #36010 Figure 1 US image of block. MC-S2 median crest; IC intermed. crest; PSF-parasacral foramen; MF-multifidus; LTM-long thoracic muscle. Post-block ultrasound image: LA-local anesthetic drug

Patient	Spinal level	Age(yrs)/sex	Weight (kg)	DOS (h)	LA (%)	NRS 0 h	NRS 8 h	NRS 24 h	F24
1	L4/5	68/M	60	2.5	0.25	3	2	2	25
2	L3/4 + L5/S1	38/M	80	4	0.375	5	2	3	175
3	L4/5	43/F	70	2.5	0.2	1	4	3	150
4	L3/4 + L4/5	28/F	68	2.5	0.25	3	2	2	50
5	L4/5	53/F	75	2	0.25	4	3	2	0
6	L3/4	52/F	48	1.5	0.2	3	2	3	25
7	L3/4	45/M	56	2	0.2	3	3	3	75
8	L4/5	64/M	72	2.5	0.2	2	3	2	25
9	L4/5	56/F	62	1.5	0.2	3	2	2	0
10	L3/4 + L4/5	47/F	58	3.5	0.2	5	4	3	225

Abstract #36010 Figure 2 Demographic parameters, drug composition, & block characteristics

Conclusions Sacral ESB is an easy, effective and safe technique in the scheme of multimodal analgesia as a component of pre-emptive analgesia, where the main goal is an opioid-sparing effect and a decrease in opioid-related side effects for TLIF surgeries.

#36479 ULTRASOUND-GUIDED SUPERIOR AND MIDDLE TRUNK BRACHIAL PLEXUS BLOCK WITH SUPERFICIAL CERVICAL PLEXUS BLOCK FOR SHOULDER SURGERIES IN HIGH-RISK PATIENTS: CASE SERIES

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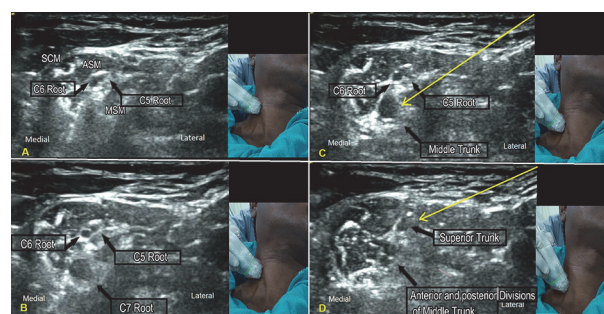
Please confirm that an ethics committee approval has been applied for or granted: Yes: I'm uploading the Ethics Committee Approval as a PDF file with this abstract submission

Background and Aims There is a constant quest for a regional anesthetic technique that would provide anaesthesia adequately for shoulder surgeries but lacks the complications of an interscalene block, such as phrenic nerve palsy. Phrenic nerve-sparing alternatives for conventional interscalene blocks similar to the ultrasound-guided superior trunk block, and suprascapular nerve block alone or with axillary nerve block have been recently described.[6–9] The aforementioned ultrasound-guided

blocks are performed for intra/postoperative analgesia as supplements to general anesthesia (GA). Shoulder surgeries performed only with these blocks without GA have not been reported

Methods RA targets for shoulder surgeries were analysed considering their cutaneous, muscular, bony, and capsular components.[6,13]

Results By using ultrasonography, we precisely located the roots, trunks, and divisions of the brachial plexus. The superior trunk (C5 and C6) and the middle trunk (C7) are the sites where the nerves supplying the shoulder are densely packed and relatively distant from the phrenic nerve. They are the ideal targets for the block to be effective and safe avoiding unwanted complications. An additional blockade of the superficial cervical plexus was required to block the cutaneous nerve supply to the shoulder, the supraclavicular nerves (C3 and C4 components).



Abstract #36479 Figure 1 Sonoanatomy of the right side brachial plexus and the position of the ultrasound transducer in the neck are demonstrated. (a) Cervical root (C) 5, C6. SCM: Sternocleidomastoid, ASM: Anterior Scalene Muscle, MSM: Middle Scalene Muscle. (b) Emerging of C7 root (c) C5–C6 about to unite to form superior trunk. C7 continues as middle trunk. (d) Superior trunk formed, middle trunk divided into the anterior and posterior divisions. The yellow arrow indicates the trajectory the needle is passed in in-plane technique to block the middle trunk (C) and Superior trunk (D). The black arrow indicates parts of the brachial plexus

Conclusions SMT–BPB is a refined technique of interscalene block under ultrasound guidance that precisely targets only the Superior and Middle Trunk, with a lower volume and slower injection that prevents phrenic nerve palsy. Thus, RA can be used to the advantage of high-risk patients, in whom conventional interscalene is avoided for the risk of phrenic nerve palsy.

Attachment Ethical Committee SMTBPB.pdf

#36021 POCUS-DETECTED RECURRENT LARYNGEAL NERVE BLOCK AFTER INTERSCALENE BLOCK

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10.1136/rapm-2023-ESRA.630

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Background and Aims Interscalene brachial plexus block (ISB) is commonly used for anesthesia and postoperative analgesia