

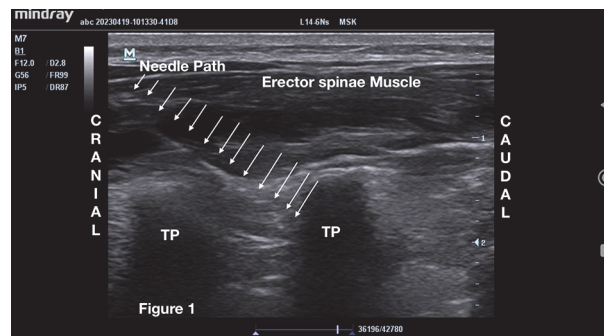
for shoulder, clavicle and humerus surgeries. Its complications are related to the nervous and vascular structures, such as nerve injury, Horner’s syndrome and phrenic nerve block. Ipsilateral recurrent laryngeal nerve block (RLNB) is a rare complication related to ISB, typically manifested by hoarseness.

Methods 34-year-old male, ASA II, was scheduled for intramedullary nailing of the humerus, due to humeral shaft fracture. General anesthesia was induced and the airway secured with tracheal intubation, after which a single-shot ultrasound-guided ISB was performed, resulting in the administration of 13mL of 0.5% ropivacaine (65mg).

Results Hemodynamic and respiratory stability were maintained throughout the intraoperative period. Following the surgery, neuromuscular block was reversed and the patient had an uneventful emergence. The patient was clinically stable, but exhibited hoarseness. He was then transferred to the Post-Anesthesia Care Unit, where ultrasound was used to assess vocal cord mobility and diaphragmatic function, revealing paresis of both the ipsilateral vocal cord and hemidiaphragm. RLNB and phrenic nerve block were assumed, having spontaneously reversed after a period of watchful waiting, resulting in complete clinical resolution.

Conclusions Hoarseness after shoulder surgery is a rare but known complication with multiple etiologies, including ISB-related neuropraxia and RLNB. In these cases, patient reassurance is paramount, and a watchful waiting approach should be employed, allowing time for a block to reverse.

IV Paracetamol was 3 hrs, however, it was observed only in two patients. (table 1) None of the patients had any incision response. All the patients recovered well with a median FLACC on awakening 1/10 (0-2). All the patients had a good sleep with a median FLACC at 24 hours of 0/10(0-1) and a maximum FLACC score of 4 in only one patient. (figure 2) We did not observe any procedure or local anesthetic- related complications



Abstract #36466 Figure 1 Costo-transverse block needling

#36466 SAFETY AND ANALGESIC EFFICACY OF ULTRASOUND GUIDED COSTO-TRANSVERSE BLOCK IN CHILDREN UNDERGOING OPEN PYELOPLASTY: A CASE SERIES

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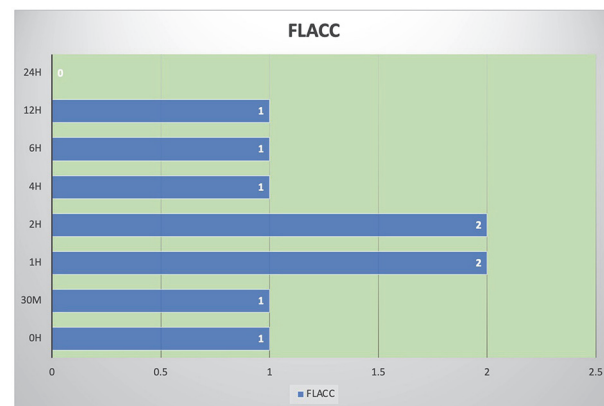
Background and Aims Safe & effective perioperative analgesia is required for early recovery after open pyeloplasty surgeries. A single-shot caudal block is a widely accepted choice, however, it does not provide prolonged analgesia, and the addition of an adjuvant come with its inherent adverse effects. US- guided costo transverse block (CTB) has recently been introduced with cadaveric studies and clinical case reports, showing promising perioperative analgesia.

Methods After parental written informed consent, US-guided costo transverse block (CTB) was performed after general anesthesia (prone position) in 10 ASA I patients (mean age 3.95 yrs, weight 14.4 kg), scheduled for pyeloplasty surgery and 2mg/kg of 0.2% ropivacaine was deposited at three levels (thoracic T9-10,10,11,& 11,12). (figure1) Intraoperatively all patients received IV paracetamol and continued 6th hourly. Any pain response was not relieved by consolation and IV paracetamol was managed with fentanyl rescue(0.5mcg/kg)

Results The mean duration of surgery was 137 minutes. Intraoperatively 4 patients required fentanyl rescue. The mean time to rescue analgesic(fentanyl) not controlled by consolation and

Abstract #36466 Table 1 Patients demography & Perioperative analgesia

Case	Age(Yrs)	Weight (Kgs)	ASA	Intraoperative Fentanyl rescue	Surgery Duration (min)	Time to Rescue (Hr)	FLACC									
							0	30m	1h	2h	4h	6h	12h	24h		
1	4M	12	1	20	150	Nil	1	1	1	2	1	3	2	1		
2	5M	15	1	10	100	4	0	2	1	2	1	2	1	0		
3	1/M	9	1	5	220	Nil	2	3	2	1	0	1	1	1		
4	2/F	11	1	Nil	130	2	2	2	3	4	3	2	1	0		
5	7/F	15	1	Nil	110	Nil	0	1	1	3	1	1	2	0		
6	5/F	16	1	Nil	100	Nil	0	1	1	3	1	1	2	0		
7	6/M	20	1	25	120	Nil	0	1	2	3	3	1	2	1		
8	6/M	25	1	Nil	120	Nil	1	1	2	2	3	1	0	0		
9	2/M	10	1	Nil	140	Nil	2	1	3	2	1	1	1	0		
10	1.5/M	11	1	Nil	180	Nil	2	2	3	2	1	2	1	0		



Abstract #36466 Figure 2 FLACC scale

Conclusions US-guided CTB with multimodal analgesic provides safe and effective perioperative analgesia in pediatric open pyeloplasty surgeries.