

Application for ESRA Abstract Prizes: I apply as an Anesthesiologist (Aged 35 years old or less)

Background and Aims A 78 year old female patient was admitted to our hospital with big open wound bellow the knee, size of 25x10cm, that was 3 weeks old. The patient had a history of recent covid respiratory infection, congestive heart failure, mitral valve replacement, hypertension, atrial fibrillation, cerebrovascular insult and chronic renal failure. On the admission proBNP was 15000, she had hypoxemia, and because of artificial valve received therapeutic dose of low molecular weight heparin. It was a challenge to provide anesthesia for surgical intervention and adequate analgesic treatment.

Methods On the day of admission surgeon performed wound debridement in analgosedation with midazolam, fentanyl and propofol, and after the procedure she received paracetamol 500mg q.i.d and diclofenac b.i.d. Patient reported intensive pain, on NRS 6/10, and tapentadol 100mg was given as a rescue medicine. For further anesthesia and analgesia plan, opioid consumption had to be minimized because of respiratory compromise. Administration of central neuraxial anesthesia was ruled out because of coagulopathy.

Results We performed ultrasound (US) guided continuous PNB (cPNB) of sciatic nerve in popliteal fossa for anesthesia and postprocedural pain. Insertion of PNC was performed US guided under sterile conditions. Bolus of 15ml 0,25% Levobupivacaine was injected 30 minutes before debridements for three consecutive days, and for pain therapy infusion pump was connected to perineural catheter with Levobupivacaine solution 0,125% 4-5ml/h for 72 hours. Patient pain on NRS didn't exceed 3/10.



Abstract #36166 Figure 1 Leg surgical wound

Conclusions Ultrasound guided cPNB is an excellent anesthetic technique for repeated surgical debridements and effective strategy for pain relief in high risk patients.

#35111 THE USE OF POSTERIOR QUADRATUS LUMBORUM BLOCK IN PATIENTS UNDERGOING KIDNEY TRANSPLANTATION

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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 Postoperative pain in patients undergoing kidney transplantation is classified as moderate to severe. We tested the efficacy of the Posterior Quadratus Lumborum Block (QLB2) as postoperative analgesia.

Methods Twenty-six ASA Class IV patients, were enrolled after approval by Hippokrateion Hospital Ethical Committee (Reg. no17068/10-04-2023). Basic monitoring was applied. Induction and maintenance were performed according to standard practice. All patients being placed in lateral decubitus position, QLB2 was performed under ultrasound control prior to emergence with a high frequency linear probe (6-12Hz) placed in transverse orientation at the midaxillary line (Mindray™ TE9 Ultrasound System, China). Using an in-plane technique, the needle (Stimuplex® Ultra 22G-90mm, B. Braun,) was inserted toward the posterior aspect of the QL muscle. After aspiration, negative for blood, 20mL levobupivacaine 0.375%, 0.4 mL/Kg³ was administered. All patients met extubation criteria and were extubated in the OR. Visual Analogue Scale (VAS) was evaluated on the 1st, 4th, 8th, 12th and 24th postoperative hours.

Results All 26 patients described mild pain on the 1st and 4thh. Two of them suffered moderate pain on the 8th h while the remaining 24 only mild. After the 12thh 10 patients had moderate pain and paracetamol (1g) was administered. By the 24thh, all patients were experiencing mild pain on movement without postoperative nausea, vomiting or drowsiness. Paracetamol (1g) was started after the 24thh with no need of other analgesic. [table 1].

Abstract #35111 Table 1

Time (h)	VAS SCORE	Additional Analgesia
1	mild 26	none
4	mild 26	none
8	moderate 2, mild 24	1g paracetamol in moderate
12	moderate 10, mild 16	1g paracetamol in moderate
24	mild 26	1g paracetamol in all 26

Conclusions QLB2 significantly reduced postoperative pain and may be recommended as a valuable alternative for analgesic control in patients with renal function at risk.

Attachment Registration Number 1706810-4-2023.pdf

#36205 AXILLARY REGION? NOT A BIG DEAL!

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