and amiodarone were continued. The block was done under Ultrasound guided with complete sterile precautions.

**Results** The surgery was done successfully, and the patient was transferred back to the ICU.

**Conclusions** US guided nerve block became the cornerstone in many critical surgeries which has made them easier with high stability of vital signs.

**Attachment** REGIONAL ANESTHESIA FOR EMERGENCY SURGERY FOR CRITICALLY ILL ELDERLY PATIENT (1). pdf

---

**Abstract #33947**

**Figure 1** A. El Motalib Ahmed

**Figure 2** A. El Motalib Ahmed

**Figure 3** A. El Motalib Ahmed

---

**Abstract #36083**

**Figure 1** NYSORA community poll results

---

**Results** Of the 130,000 community members (82% anesthesiology professionals), 0.6% posted a vote (n= 721), figure 1.
Fifty percent of respondents opined that wound dressing constitutes adequate infectious precaution measure during UGNB&VA, although the cable and exposed parts of the transducer are often contaminated with blood during UGNB&VA. The other 50% of the community felt that it was not adequate (26%), or they were not sure (24%).

**Conclusions** Our poll suggests that there is no consensus on infectious precaution measures during UGNB&VA. International guidelines vary on their recommendations on whether both the transducer and its cable should be steriley covered when performing UGNB&VA. Given the rapidly increasing number of UGNB&VA procedures, we advocate for a collective effort to create universal infectious recommendations.

---

**Abstract #34484**

**CONTINUOUS SUPRAINGUINAL ILIAC FASCIA BLOCK AS ANALGESIC STRATEGY FOR TOTAL HIP ARTHROPLASTY**

1Francisco Teixeira*, 1Cristina Peixoto de Sousa, 1Ana Pereira, 1Diogo Morais, 2Carlos Correia. 1Anesthesiology, Centro Hospitalar Trás-os-Montes e Alto Douro, Vila Real, Portugal; 2Anesthesiology, Hospital de Riba D’Ave, Riba D’Ave, Portugal

Please confirm that an ethics committee approval has been applied for or granted: Not relevant (see information at the bottom of this page)

**Background and Aims** Regional anesthesia contributes to a multimodal analgesic approach. Suprainguinal Iliac fascia block is an alternative or complementary analgesic technique for knee, thigh and hip surgery.

**Methods** 80yo female, ASA II, with history of DM2 and hypertension proposed for total hip arthroplasty. To perform the block and catheter placement, a suprainguinal ecoguided approach was used. With the patient supine, a linear high frequency probe was placed in the sagittal plane to obtain an image of the ASIS. The probe was moved medially and the fascia iliaca identified. An in-plane approach and a Stimu-Cath® Continuous Nerve Block Set with a 17G Tuohy needle and a 19G multi perforated catheter were used. 20mL 0.2% ropivacaine was given to open the fascial plane and the catheter introduced 3 cm in a cephalad direction. The surgery was realized under spinal anestesia. After the procedure a ionic contrast agent was infused through the catheter and X-ray images were obtained confirming the correct placement and spread. A bolus of 30ml ropivacaine 0.2% 6/6h through the catheter was prescribed and the analgesic regimen completed with NSAID and paracetamol. The catheter was removed 48h later.

**Results** The surgery lasted 70’ and there were no complications nor allergic reactions to the contrast. The patient remained confortable with no pain at rest and minimal pain at movement during the hospital stay and no rescue analgesia was necessary.