

**Methods** Patient was seen in clinic by an anaesthetist with her granddaughter and an interpreter. After understanding the risks and benefits of surgery under RA she was keen to proceed. Anaesthetist with appropriate skill set was allocated to the case.

**Results** The whole team understood the plan and complexity of the case. Ultrasound guided ESP block was performed with 0.5% Ropivacaine and dexamethasone and catheter was inserted. Minimal sedation was used maintaining verbal contact throughout. Patient was very comfortable during surgery and in recovery. She required no opioids in the next 48 hours. She returned to theatre for evacuation of haematoma on day 3 post surgery and the existing ESP catheter was used successfully.

**Conclusions** Palliative mastectomy was successfully carried out under RA alone in an unwell elderly patient who would otherwise have been denied surgery due to very high predicted risk of complications for GA.

### #34537 REGIONAL ANESTHESIA IMPROVE THE POSTOPERATIVE PAIN IN GERIATRIC AGE GROUP

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

**Background and Aims** Regional anesthesia plays a major role in orthopedic surgeries for geriatric age group with minimal changes of vital signs and good postoperative pain control which helps early hospital discharge .

**Methods** We present 78 years old female patient with non Union of right femur fracture for ORIF with Right iliac crest bone graft . In anesthesia clinic pre- anesthesia consultation was done and consent for right femoral nerve block and right TAP block with sedation. She has no medical co-morbidities away from her fragile nature which related to her age. Anesthesia techniques were fully explained to the patient. intra-operative as well as postoperative remained uneventful, and the patient shifted to PACU awake pain free .

**Results** intra-operative as well as postoperative remained uneventful, and the patient shifted to PACU awake pain free .

**Conclusions** Geriatric age group has a large scale of population and needs special anesthesia techniques The revolution of US guided nerve block makes anesthetizing them much easy and safe With high chance of early post-operative hospital charging .

### #35753 FAIR AND SQUARE – AN EFFECTIVE ALTERNATIVE ANALGESIA TO AN UNFEASIBLE EPIDURAL

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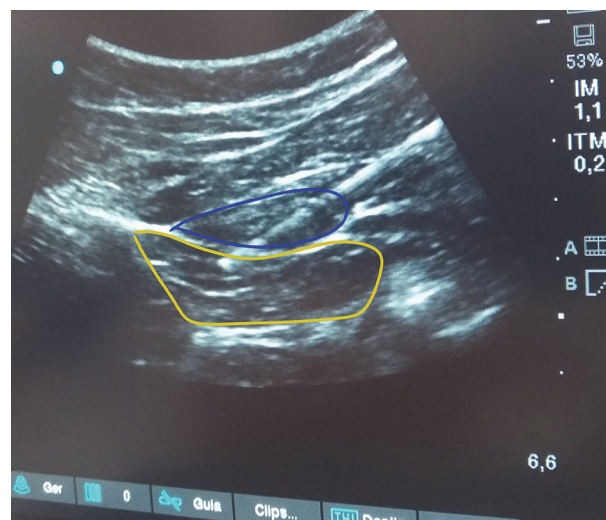
10.1136/rapm-2023-ESRA.643

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**Background and Aims** We present the case of a 22-year-old who sustain a motorcycle accident with bilateral pelvic fracture and hemoperitoneum. A quadratus lumborum block (QLB) was performed as alternative to an analgesic epidural block.

**Methods** QLB leads to significantly better outcomes in terms of postoperative VAS scores, opioid consumption, rescue analgesic requirements and patient satisfaction when compared to Transversus Abdominis Plane Block due to its effect that may extend from T7 to L1–L2 dermatomes. The anterior approach spreads to the lumbar nerve roots in addition to the thoracic paravertebral space. The ultrasound-guided erector spinae plane block is considered as efficient as the anterior QLB, but, as with epidural block, they cannot be performed in dorsal decubitus.

**Results** The patient, an ASA II, with no relevant prior medical history, presented to the emergency department with a splenic laceration grade III (American Association for the Surgery of Trauma (AAST)) splenic injury scale. An open splenectomy was performed through a vertical midline incision, for exploratory laparotomy. Additionally, the patient had a left iliac and a right acetabular fractures with indication for conservative management, but their presence did not allow for a sitting or lateral decubitus positioning for insertion of an epidural or an erector spinae plane block.



**Abstract #35753 Figure 1** Quadratus lumborum anterior block. Quadratus lumborum muscle in blue, Psoas muscle in yellow

**Conclusions** As an alternative, a bilateral QLB was performed under ultrasound guided technique. The chosen block was the QLB anterior with ropivacaine 0.375% 20ml, bilaterally, within a multimodal analgesic strategy combined with intravenous analgesia. The analgesic effect was satisfactory within the following 48 hours and no adverse effects were found.

Attachment patient consent.pdf