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.

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

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.

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