

Background and Aims This randomised controlled trial aims at comparing the efficacy of postoperative analgesia by USG guided single shot Femoro-sciatic block (FSB) with lumbar epidural block(EB) in patients of 14-60 years undergoing corrective orthopaedic procedures attributed to bone malignancy around the knee viz, distal end of femur and proximal end of tibia.

Methods METHODS 30 patients undergoing elective surgery for knee tumour resection and endoprosthesis placement for various bone malignancies at

A.I.I.M.S. New delhi India were enrolled after approval of institute ethics committee & randomised to 2 groups as per intervention for postoperative analgesia viz Group E , receiving general anaesthesia(GA) with EB and Group FS, receiving GA with ultrasound guided FSB. EB was performed with 0.25% Ropivacaine 10ml with 0.5mcg/kg Clonidine as adjuvant and FSB with 15 ml and 20ml of 0.25% ropivacaine with 0,5mcg/kg clonidine around femoral and sciatic nerve respectively. The primary outcome was quality of postoperative pain as assessed by VAS Score and total analgesic requirement in the first 24 hours postoperatively. The secondary outcomes were comparison of intraoperative hemodynamics,blood loss, incidence of adverse effects like PONV, pruritus, neurological sequelae, respiratory depression,& overall patient and surgeon satisfaction assessed.

Results RESULTS In FS Gp.VAS scores were better (p-value <0.001), consumed less fentanyl (186.7+/- 56.4mcg in Group FS and 277.33+/- 45.9 mcg in Group Ep<0.01)& provided prolonged pain relief . Secondary outcomes were comparable in both groups

Conclusions CONCLUSION USG FSB is superior to single shot lumbar EB in providing postoperative analgesia in knee tumour resection and endoprosthesis surgeries.

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#36380 SENSORY BLOCK DYNAMICS OF A MULTI-LEVEL INTERTRANSVERSE PROCESS BLOCK AT THE RETRO-SCTL SPACE: A CASE SERIES

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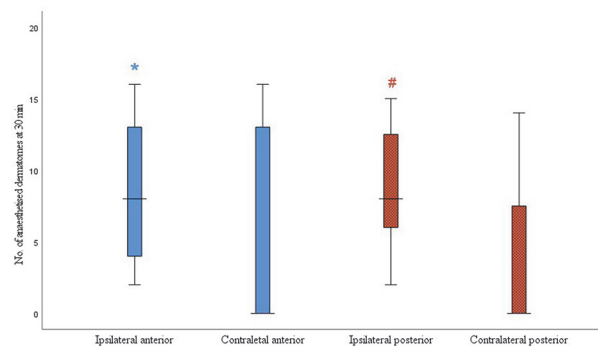
Background and Aims This study evaluated sensory block dynamics of the recently described intertransverse process block (ITPB) at the retro-SCTL space.

Methods After ethics approval and informed consent, 11 patients aged 18-80 years, ASA I-III, scheduled for unilateral video-assisted thoracoscopic surgery received an ultrasound-guided (USG) ITPB at the retro-SCTL space. The ITPB was performed at three levels (T3, T5, T7) and 6 ml of a 1:1 mixture of 2% lignocaine with 1:200,000 adrenaline and 0.5% levobupivacaine was injected at each level. The sensory block was assessed bilaterally, along the midclavicular and mid-scapular line, and from T2 to L3 dermatomes using a numeric rating scale (NRS 0-100; 100-normal sensation, 0-no sensation to cold) for 30 minutes after the block and in the

recovery room (RR). All patients received general anaesthesia and a multimodal analgesia regime for postoperative pain relief.

Results The USG three-level ITPB at the retro-SCTL space produced bilateral thoracic anaesthesia (figure 1). The median [IQR] number of dermatomes affected on the ipsilateral and contralateral thorax is presented in figure 1. Significantly more dermatomes, both anterior (p=0.01) and posterior (p=0.02), were affected on the ipsilateral than the contralateral thorax. In the RR, the sensation of cold over the thorax had returned to an NRS

>50/100, bilaterally, in the majority of patients (91%). Nevertheless, all patients remained comfortable.



Abstract #36380 Figure 1 Thoracic dermatomal anaesthesia after a multilevel intertransverse process block at the retro-SCTL space. Data are presented as a median [IQR]

Conclusions A multilevel ITPB at the retro-SCTL space produces bilateral thoracic anesthesia but more dermatomes are affected over the ipsilateral than contralateral thorax. Future research to evaluate its anaesthetic and analgesic potential is warranted.

Attachment CREC approval (2021.560).pdf

#35834 REGIONAL ANESTHESIA FOR ADVANCED SKIN CANCER SURGERY AND FREE FLAP RECONSTRUCTION IN FRAGILE PATIENTS

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Background and Aims Compared to general anesthesia, regional anesthesia (RA) with sedation is safer for elderly patients with comorbidities, especially for long-duration procedures. Our institution established an Integrated Care Pathway (ICP) for advanced skin cancer, managing 102 cases over the last four years. Among them, 79 underwent surgical excision. Reconstruction required free flap in 20 cases and regional flap in 46. All patients received targeted RA techniques. We report a case series of four elderly and fragile patients who underwent free flap reconstruction under targeted blocks and mild sedation.