

EP008

RANDOMISED COMPARISON BETWEEN PERICAPSULAR NERVE GROUP BLOCK WITH LATERAL FEMORAL CUTANEOUS NERVE BLOCK AND QUADRATUS LUMBORUM BLOCK FOR POSTOPERATIVE ANALGESIA IN HIP SURGERY

¹Mustafa Aslan, ¹Alper Kilicaslan*, ²Gok Funda, ¹Meram Medical Faculty Anesthesiology, Necmettin Erbakan University, Konya, Turkey; ²Necmettin Erbakan University, Konya, Turkey

10.1136/rapm-2023-ESRA.71

Background and Aims The optimal postoperative analgesic technique for hip surgery is still controversial. The present study aimed to compare the pericapsular nerve group (PENG) with the lateral femoral cutaneous nerve (LFCN) and quadratus lumborum blocks (QLB) in terms of analgesic efficacy, quadriceps motor preservation and side effects in patients undergoing total hip arthroplasty (THA) surgery.

Methods Eighty patients (ASA I-III) were randomly allocated to receive either a QLB (n=40) using 30 mL 0.25% bupivacaine or the PENG and LFCN blocks (n=40) using 30 mL 0.25% bupivacaine (25 mL for the PENG block and 5 mL for the LFCN block) in this prospective, double-blind study. The primary outcome was the consumption of postoperative morphine in a multimodal analgesic regimen after spinal anesthesia. The secondary outcomes also included pain scores (static and dynamic), quadriceps muscle strength, patient satisfaction, and incidence of postoperative complications.

Results There was no significant difference between the two groups in terms of morphine consumption and pain scores in the first 12 hours ($p > 0.05$). Patients receiving the combination of the PENG and LFCN blocks had significantly higher quadriceps muscle strength at 6 h, less morphine consumption, and static pain scores at 24 h hour, compared to QLB ($p < 0.05$). Patient satisfaction, dynamic pain scores, and block-related complications were similar between the groups ($p > 0.05$).

Conclusions PENG with the LFCN block provides longer analgesia and better preservation of quadriceps strength after THA. However, further studies with larger sample sizes are needed to determine if these differences are clinically significant.

EP009

FACTORS ASSOCIATED WITH HYPOTENSION OR BRADYCARDIA EPISODES DURING ARTHROSCOPIC SHOULDER SURGERY UNDER GENERAL ANESTHESIA COMBINED WITH INTERSCALENE BLOCK IN THE BEACH CHAIR POSITION

^{1,2}Pongkwan Jinaworn*, ^{1,2}Chanon Thanaboriboon, ^{1,2}Praepanee Skuntalak, ^{1,2}Varittha Borirajdechakul. ¹Anesthesiology, Chulalongkorn University, Bangkok, Thailand; ²Anesthesiology, King Chulalongkorn Memorial Hospital, Bangkok, Thailand

10.1136/rapm-2023-ESRA.72

Background and Aims Shoulder surgery is commonly performed in the beach chair position (BCP). However, it may cause hemodynamic instability, especially when general anesthesia (GA) with a preoperative interscalene brachial plexus

block (ISB) is used. Moreover, Hypotension or Bradycardia episodes (HBE) occurring during the BCP may be associated with an increased risk of neurological complications. The objectives of this study were to investigate the incidence and characteristics of HBEs and their associated factors.

Methods The Institutional Review Board approved this study. We retrospectively reviewed the medical records of patients who underwent arthroscopic shoulder surgery under GA combined with ISB in the BCP between January 1, 2015, and July 31, 2022. HBEs, patient demographics, anesthetic, and surgical factors were collected and analyzed for their association with HBEs.

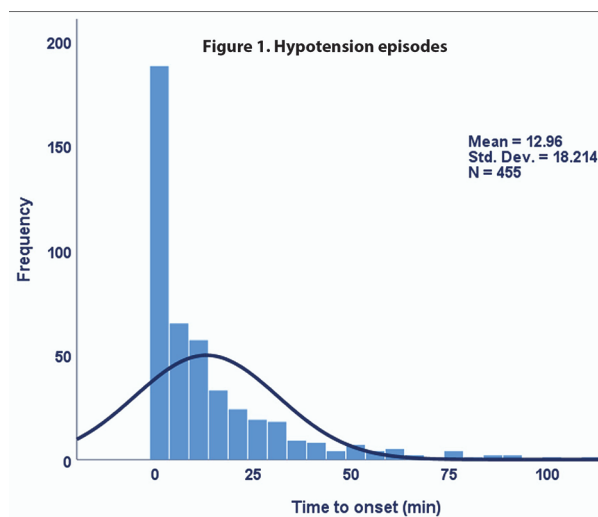
Results From the identified cohort of 660 patients, 482 (73%) experienced HBEs. The onset of HBEs mainly occurred earlier after patient positioning, as the mean time to the first hypotension and bradycardia episodes were 12.96 ± 18.21 minutes and 10.44 ± 13.13 minutes, respectively. Multivariable analysis showed that increasing age, female gender, and history of hypertension were associated with HBEs. In contrast, bispectral index (BIS) monitoring was associated with a lower risk of HBEs.

Abstract EP009 Table 1

	Adjusted OR (95%CI)	p-value
Age	1.021 (1.007, 1.036)	0.004*
Female	1.791 (1.226, 2.615)	0.003*
Hypertension	2.770 (1.773, 4.329)	<0.001*
BIS monitoring	0.479 (0.289, 0.796)	0.004*

BIS monitoring = bispectral index monitoring; OR = odds ratio

Multivariable logistic regression analysis for factors associated with hypotension or bradycardia episodes



Abstract EP009 Figure 1 Hypotension episodes

The distribution of hypotension episodes onsets