Background and Aims Preoperative rehabilitation in femoral-neck fracture patients has been shown to improve postoperative outcomes but it can be challenging due to intolerable pain. The pericapsular nerve group (PENG) block has been utilized for postoperative pain control for femoral-neck fracture repair with motor-sparing features. This study seeks to assess the efficacy of PENG block in preoperative rehabilitation for femoral-neck fracture patients.

Methods Ten patients with Garden classification 3-4 femoral-neck fractures scheduled for total hip arthroplasty, were prospectively enrolled from April-July 2022 at Kameda Medical Center, Japan (PENG group). These patients received PENG block with 20 ml of 0.375% ropivacaine before the initial preoperative rehabilitation. The rehabilitation program included nine mobility levels of bed-sitting, edge-sitting, standing, wheelchair-transfer, marching, walking with two or one staff, and walking with or without a device. Data from twenty-six patients with the same eligibility who received the same rehabilitation program with standard pain management from April 2021-March 2022 were collected as a control group. The primary outcome was the cumulative outcome of the rehabilitation program. The secondary outcomes included the numerical rating scale (NRS) score and a higher home-discharge rate. No adverse events related to PENG block were observed.

Conclusions PENG block may facilitate preoperative rehabilitation in femoral-neck fracture patients.

Background and Aims General anesthesia is commonly preferred in laparoscopic cholecystectomies (LC). However, different anesthesia approaches can be applied in high-risk patients. In this study, we aimed to present a case of a pulmonary high-risk patient who underwent LC with paravertebral block and Quadratus Lumborum-III block (QLB).

Methods The 62-year-old male patient had a history of hypertension, COPD, and previous tuberculosis. The patient’s test results revealed FEV1 of 49%, FEV1/FVC ratio of 68%. The patient had dyspnea, and computed tomography showed destructive, fibrotic changes and pleural thickening in the lungs. Due to high pulmonary risk, regional anesthesia was planned for this patient. Bilateral paravertebral block (figure 1) and bilateral QLB-III (figure 2) were applied for 30 minutes before the operation at the thoracic 8 level. The patient, who had T4-T12 dermatome involvement, was sedated with 2 mg midazolam and 50 mcg fentanyl, and then taken to the operation room (figure 3). The patient’s Richmond Agitation Sedation Scale remained at -1 during the operation.

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Results One patient in the PENG group could not perform rehabilitation due to high blood pressure. The primary outcome achievement was significantly greater in the PENG group (44.4% vs. 8.5%; odds ratio: 8.5, 95% CI: 4.3-17.0; p<0.0001). The PENG group also had a significantly lower NRS score and a higher home-discharge rate. No adverse events related to PENG block were observed.

Conclusions PENG block may facilitate preoperative rehabilitation in femoral-neck fracture patients.
Abstract EP039 Figure 2 Quadratus lumborum III block imaging. TP: Transverse Process, EO: external oblique muscle I0: internal oblique muscle TA: transverse abdominis muscle. TLF: thoracolomber facia

Abstract EP039 Figure 3 During the operation, the patient and the surgical team

Results The patient was transferred to the ward without any complications or pain after the operation. The patient consumed 4 g of paracetamol, 50 mg of dextroprofen, and 50 mg of tramadol in postoperative analgesia during 24 hours, and was discharged without any issues at the end of the 24th hour.

Conclusions This case report describes the successful use of Paravertebral and QLB-III in a pulmonary risk patient undergoing LC. We believe that Paravertebral and QLB-III can be a safe and an effective option for regional anesthesia in pulmonary risk patients undergoing LC.

Abstracts

Background and Aims Ultrasound-guided regional anaesthesia techniques are recent congeners in multimodal pain management, leading to the development of fascial plane blocks. With the advent of ultrasound, alternative paraspine blocks have been explored which include the Erector spinae plane [ESP] block and Sub-transverse interfragmentary [STIL] block. We aimed to assess the effectiveness and safety of STIL block in comparison with ESP block in patients undergoing Modified Radical Mastectomy.

Methods After ethical committee clearance, 150 female patients undergoing Modified Radical Mastectomy between 18-65 years of age with ASA grade I & II with informed consent were selected. After induction of general anaesthesia patients were placed in a lateral position and using a high-frequency linear ultrasound probe, 20 mL of 0.25% Levobupivacaine was given each in Group 1 (ESP block) and Group 2 (STIL). Post-operative pain in the form of the Numerical Rating Scale [NRS] was assessed. Changes in hemodynamic parameters, the total dose of opioid requirement, total duration of analgesia, total time taken for procedure and the number of doses of rescue analgesia required were also recorded.

Results NRS scores and requirement of rescue analgesia were significantly low and duration of analgesia was significantly high in Group 2 patients. Variations in haemodynamics were significantly less in group 2. The time taken for performing the procedure was significantly less in group 1.

Conclusions STIL block provides longer-acting analgesia with better hemodynamic outcomes as compared to ESP block in patients undergoing MRM. STIL block is however technically more challenging than ESP block.

EP040

FACTORS ASSOCIATED WITH THE DEVELOPMENT OF POSTPARTUM DEPRESSION AFTER CAESAREAN DELIVERY

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Background and Aims This study aimed to validate a predictive model of postpartum depression in patients having undergone Caesarean delivery to determine clinical relevance of pre-operative determinants for post-Caesarean pain management.

Methods Parturients undergoing Caesarean delivery and requiring regional anaesthesia were recruited. Pre-delivery pain and anxiety assessment were conducted via pain scoring, mechanical temporal summation assessment and questionnaires. Outcome on incidence of postpartum depression is defined as having an Edinburgh Postpartum Depression Scale (EPDS) score of 10 or more. Other information on pain scores, analgesia consumption, opioid-related side effects, and patient satisfaction were also collected.

Results In this validation study, postpartum depression at 6 to 10 weeks post-delivery occurred in 18.9% (34 of 180) of patients who underwent elective Caesarean delivery. Having pre-delivery EPDS score ≥ 10 (adjusted odds ratio