Conclusions ITMB enhanced analgesia during the early postoperative period in patients who underwent RALP compared with RSB. The postoperative requirement for opioid analgesics was also significantly decreased in the ITMB group. Thus, intrathecal analgesia is considered an effective analgesic modality for RALP. Further studies are needed to promote patient recovery.

**Abstract EP053 Figure 1** Time to readiness for surgery after a subparaneural popliteal sciatic nerve block. Data are presented as a median [IQR]. * indicates p=0.02

Conclusions Ultrasound-guided subparaneural PSNB as two separate injections below the divergence of the sciatic nerve hasten the time to ‘readiness for surgery’ when compared to two injections above the divergence.

**Abstract EP054**

**COMPLICATIONS IN CONTINUOUS PERIPHERAL NERVE BLOCKS AT HOME: A RETROSPECTIVE COHORT ANALYSIS OF 1,370 CASES FROM A UNIVERSITY-BASED HOSPITAL**

Natalia Molina*, Pablo Miranda, Francisca Egueta, Daniela Biggs, Fernando Altermatt. Anesthesiology, Pontifical Catholic University of Chile, Santiago, Chile

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Background and Aims Continuous regional analgesia at home is a technique for postoperative pain management but is not exempt from complications. The following retrospective cohort study aims to determine the incidence and nature of the complications related to continuous regional analgesia at home.

Methods A retrospective analysis was conducted on 1,370 patients receiving continuous peripheral nerve analgesia at home, taken from our Pain Unit database. Data were collected on patient demographics, medical history, surgical procedure,