

Background and Aims Multimodal pain analgesia strategies are common in perioperative management of total knee arthroplasty (TKA), although the role of adductor canal blocks (ACB) versus femoral nerve block on early postoperative recovery for revision knee surgery is not investigated. The purpose of this study is to independently evaluate the effect of ACB on short-term postoperative outcomes including (1) length of stay (LOS), (2) postoperative narcotic utilization, and (3) function with physical therapy in revision TKA.

Methods We retrospectively identified a cohort study of consecutive 40 patients from January 2021 to July 2021 who had undergone unilateral revision TKA using a single-shot ACB (19 patients) vs femoral nerve block (21 patients) under spinal anesthesia (hyperbaric 0.5% Marcaine 2.5 ml and 20 microgram fentanyl) in addition to a standardized multimodal pain analgesia protocol. These 2 groups were compared using independent sample t- tests with primary end points of interest being distance ambulated after surgery, and inpatient narcotic use.

Results Quadriceps strength was better preserved in adductor group than in femoral group. Walking meters and going upstairs were better results in adductor group. IV morphine consumption within the first 48 hours period were less in adductor group comparing to femoral group.

Conclusions Adductor nerve block showed better early recovery in revision TKA when comparing to femoral nerve block (FNB).

EP062

PATIENT SATISFACTION WITH NERVE BLOCK ANALGESIA TECHNIQUES FOLLOWING AMBULATORY ANKLE REPLACEMENT SURGERY

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Background and Aims This service evaluation project assesses patient satisfaction with home analgesia following a single-shot sciatic popliteal nerve block versus combined single-shot sciatic popliteal nerve block and perineural catheter technique with local anaesthetic infusion continued at home via an elastomeric pump for up to 48 hours post hospital discharge. Both nerve block techniques were initiated preoperatively for ambulatory ankle replacement surgery.

Methods Retrospective data on the nerve block technique and patient satisfaction were collected from anaesthetic charts and follow-up home calls for patients who underwent ambulatory ankle replacement between April 2022-December 2022. Thirty patients, 15 who received a single-shot block (group A) and 15 who received a combined single-shot block and perineural catheter technique with local anaesthetic infusion continued at home via an elastomeric pump (group B), were included in this service evaluation. The following responses were collected from patients via follow-up home calls: 1. What is the level of satisfaction with your pain control up to one week after hospital discharge (not satisfied, satisfied, very satisfied)?

2. Would you be happy to receive the same nerve block technique if you were to have the operation again?

Results Patient satisfaction with the block technique is summarised in the table 1 below.

Abstract EP062 Table 1 Summary table

	Group A (n=15)	Group B (n=15)
1. What is the level of satisfaction with your pain control up to one week after hospital discharge (not satisfied, satisfied, very satisfied)?	73% very satisfied 27% not satisfied	87% very satisfied 13% not satisfied
2. Would you be happy to receive the same nerve block technique if you were to have the operation again?	75% yes 25% no	100% yes 0% no

Conclusions Patients who received a combined single-shot block and perineural catheter technique reported better satisfaction with home analgesia than with a single-shot block.

EP063

A SINGLE NEEDLE TIP POSITION APPROACH 'THE MIDDLE TRUNK' BLOCK- FOR SUPRACLAVICULAR BLOCK: AN ANATOMIC CADAVERIC STUDY

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Background and Aims Injection of local anesthetic with anatomical landmark following paraesthesia of the middle two fingers results in >97% block efficacy. Injections in 'Corner pocket' and 'Intra-cluster' in the supraclavicular brachial plexus under ultrasound-guidance have been suggested for better coverage. We hypothesized that a single injection of dye at the level of the middle trunk (MT) would result in diffusion in the superior and inferior trunks.

Methods After ethics approval, 12 ultrasound guided injection was performed with needle tip positioned within fatty connective tissue at the level of the MT bilaterally in 6 soft embalmed cadavers. We injected 3.5ml, 7.5ml and 15ml diluted methylene blue dye in 2 cadavers (4 specimens) each. Bilateral neck dissections was performed in the posterior triangle of the neck 30 minutes after injection in all cadavers and dye spread was visualized beneath investing layer of deep cervical fascia. (figure 1)

Results Injection of the lower volume of dye (3.5ml) consistently spared the superior trunk while an injection of the higher volume of dye (15ml) consistently stained all trunks when a single injection was performed at the MT level. Suprascapular nerve and phrenic nerves were consistently stained with 15 ml injections while they were spared with low and intermediate-volume injections. The dissections revealed dye dispersion with a dense (15ml) to differential stain pattern (3.5ml and 7.5ml resulted in a mild to moderate) of the cadaveric brachial plexuses. (figure 2)



Abstract EP063 Figure 1 USG and dissection images for MTB