Abstract EP079 Figure 2 The patient’s chest contrast-enhanced computerized tomography scan depicting the loco-regional extent of the 7th rib Ewing sarcoma

Abstract EP079 Figure 3 Ultrasonography image capturing the intercostal nerve chemical neurolysis procedure, displaying the 6th intercostal space with the needle in situ following the injection of 2 mL of alcohol

Conclusions Although further research is needed to ascertain its efficacy and safety, current evidence suggests that intercostal nerve neurolysis can be a valuable tool in the multidisciplinary management of intractable cancer-related chest wall pain, offering relief and improving the quality of life for these patients.

Conclusions AI in USGRA review demonstrate a steep improvement in patient outcome and procedural ease with use of AI. Also, as a tool to administer step to step feedback in medical training for peripheral nerve block. It Tremendously improved US image correct identification and enhances needle
Abstracts

EFFECTS OF BRACHIAL PLEXUS BLOCK APPLIED WITH DIFFERENT APPROACHES ON TISSUE OXYGENATION

Conclusions

We think that besides the evaluation of sensory and motor block was evaluated according to pinprick and related muscle strength. After the blocking, all data were measured at regular intervals and recorded.

Results

In all groups, ANIRS values were higher in the blocked extremity from the 2nd minute after the block. A statistically significantly higher Δ NIRS value was found in the infraclavicular group at the 25th minute compared to the interscalene group. The temperature increase in the blocked extremity was significantly higher in the interscalene block group than in the axillary block group. The highest increase in temperature was observed at the 20th minute in the interscalene and axillary groups, and at the 25th minute in the infraclavicular group. There was no difference between the three groups in terms of their effects on the diameter of A. radialis.

Conclusions

We think that besides the evaluation of sensory and motor block after plexus brachial block with traditional methods, monitoring of temperature and tissue oxygenation on the side with block may provide an earlier and easier follow-up of the block.

CHEMICAL NEUROLYSIS FOR THE CONSERVATIVE TREATMENT OF HIP FRACTURES: A CASE SERIES

Background and Aims

Hip fractures pose challenges in patient management, especially when surgical risks outweigh benefits. Inadequate analgesia from conservative treatment options prompted the development of new procedures targeting hip capsule denervation. We aimed to evaluate the efficacy of chemical neurolysis as a conservative treatment for hip fractures, within our department’s protocol.

Methods

Patients who were deemed inoperable by either the orthopedists or anesthesiologist were evaluated for eligibility criteria and informed consent was obtained. A diagnostic block was performed under ultrasound guidance using 5 mL of 2% lidocaine in the pericapsular nerve group plane. With the needle in situ, the block’s efficacy was evaluated by performing flexion, internal and external rotation of the hip joint. If the block was deemed positive, the needle’s location was confirmed, and 6 mL of 99% alcohol was administered. Prior to needle removal, 1 mL of local anesthetic was flushed through the needle.

Results

During the one-year period from May 2022 to May 2023, a total of five patients (aged 55 to 96) underwent the procedure. All were previously unable to ambulate. At the 1-day follow-up, one patient experienced pain, which resolved briefly before returning.

Background and Aims

Ultrasound-guided obturator nerve block is performed to prevent adductor muscle spasm during transurethral resection of bladder tumors. The aim of the study was to compare the effectiveness of a single-proximal injection protocol versus a double-distal injection protocol for obturator nerve block.

Methods

A total of 60 obturator nerve blocks were conducted (NCT05540847) and the patients were divided into two groups. The first group received an ultrasound-guided single injection for obturator nerve block (proximal group), while the second group received a double-injection technique for obturator nerve block in transurethral resection of bladder cancer under spinal anesthesia (distal group). In proximal group, the local anesthetic solution (10ml bupivacaine 0.25%) was administered into the interfascial plane between pectineus and obturator externus muscles. In distal group, first injection was administered into the interfascial plane between the adductor longus and adductor brevis muscles and the second injection between the adductor magnus and adductor brevis muscles (10ml bupivacaine 0.25% for each). The grade of adductor muscle spasm, clinical effectiveness rate, duration of the block procedure, and any complications were documented. Patients who experienced grade four adductor spasm were transferred to general anesthesia.

Results

The number of patients who did not experience adductor muscle spasms in the proximal group was significantly higher than in the distal group. The procedure time was shorter in proximal group.

Conclusions

There was no significant difference in clinical effectiveness between the two groups. The proximal group which provides nerve block with less local anesthetic, maybe a strong alternative to the distal technique.

ULTRASOUND-GUIDED OBTURATOR NERVE BLOCK IN TRANURETHRAL RESECTION OF BLADDER CANCER: A PROSPECTIVE RANDOMIZED COMPARATIVE TRAIL: OF A SINGLE-PROXIMAL INJECTION PROTOCOL VERSUS A DOUBLE-DISTAL INJECTION PROTOCOL

Background and Aims

Double-distal injection protocol versus a single-proximal injection protocol for obturator nerve block.

Methods

Inadequate analgesia from conservative treatment options prompted the development of new procedures targeting hip capsule denervation. We aimed to evaluate the efficacy of chemical neurolysis as a conservative treatment for hip fractures, within our department’s protocol.

Results

During the one-year period from May 2022 to May 2023, a total of five patients (aged 55 to 96) underwent the procedure. All were previously unable to ambulate. At the 1-day follow-up, one patient experienced pain, which resolved briefly before returning.

Background and Aims

Ultrasound-guided obturator nerve block is performed to prevent adductor muscle spasm during transurethral resection of bladder tumors. The aim of the study was to compare the effectiveness of a single-proximal injection protocol versus a double-distal injection protocol for obturator nerve block.

Methods

A total of 60 obturator nerve blocks were conducted (NCT05540847) and the patients were divided into two groups. The first group received an ultrasound-guided single injection for obturator nerve block (proximal group), while the second group received a double-injection technique for obturator nerve block in transurethral resection of bladder cancer under spinal anesthesia (distal group). In proximal group, the local anesthetic solution (10ml bupivacaine 0.25%) was administered into the interfascial plane between pectineus and obturator externus muscles. In distal group, first injection was administered into the interfascial plane between the adductor longus and adductor brevis muscles and the second injection between the adductor magnus and adductor brevis muscles (10ml bupivacaine 0.25% for each). The grade of adductor muscle spasm, clinical effectiveness rate, duration of the block procedure, and any complications were documented. Patients who experienced grade four adductor spasm were transferred to general anesthesia.

Results

The number of patients who did not experience adductor muscle spasms in the proximal group was significantly higher than in the distal group. The procedure time was shorter in proximal group.

Conclusions

There was no significant difference in clinical effectiveness between the two groups. The proximal group which provides nerve block with less local anesthetic, maybe a strong alternative to the distal technique.