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
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 spasms 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.