

tracking. Hence reducing inadvertent Nerve injury, vascular trauma or systemic toxicity of local anesthetic medication.

EP081 EFFECTS OF BRACHIAL PLEXUS BLOCK APPLIED WITH DIFFERENT APPROACHES ON TISSUE OXYGENATION

¹Azer Ilbengü Kaptan*, ²Demet Coşkun, ²Gözde Inan, ²İrfan Güngör, ²Ercan Yıldırım, ²Nuray Camgöz Eryılmaz, ³Akif Muhtar Öztürk, ³Ulunay Kanatlı. ¹Anesthesiology and Reanimation, Şanlıurfa Training and Research Hospital, ŞANLIURFA, Turkey; ²Anesthesiology and Reanimation, Gazi University Faculty of Medicine Hospital, Ankara, Turkey; ³Orthopedics and Traumatology, Gazi University Faculty of Medicine Hospital, Ankara, Turkey

10.1136/rapm-2023-ESRA.143

Application for ESRA Abstract Prizes: I apply as an Anesthesiologist (Aged 35 years old or less)

Background and Aims We aimed to investigate the quality of motor and sensory block, tissue oxygenation measured by Near Infrared Spectroscopy (NIRS), temperature and radial artery diameter change in patients who underwent plexus brachialis block.

Methods Tissue oxygenation value and change (Δ NIRS) measured with NIRS probes in both extremities and temperature values measured with infrared thermometer were recorded in 105 patients who underwent interscalene, axillary and infraclavicular blocks. Basal radial artery diameter was measured by ultrasound in the blocked extremity. The quality 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, Δ NIRS 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 blocky 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 brachialis 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.

EP082 ULTRASOUND-GUIDED OBTURATOR NERVE BLOCK IN TRANSURETHRAL RESECTION OF BLADDER CANCER: A PROSPECTIVE RANDOMIZED COMPARATIVE TRIAL OF A SINGLE-PROXIMAL INJECTION PROTOCOL VERSUS A DOUBLE-DISTAL INJECTION PROTOCOL

¹Yavuz Saygılı, ²Selin Guven Kose, ³Kose Cihan*, ⁴Taylan Akkaya. ¹Anesthesiology and Intensive Care, Health Science University, Ankara Etlik City Hospital, Ankara, Turkey; ²Pain Medicine and Anesthesiology, Health Science University, Kocaeli City Hospital, Yenimahalle, Turkey; ³Algology, Health Science University, Kocaeli City Hospital, Kocaeli, Turkey; ⁴Pain Medicine and Anesthesiology, Health Science University, Ankara Etlik City Hospital, Ankara, Turkey

10.1136/rapm-2023-ESRA.144

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.

EP083 CHEMICAL NEUROLYSIS FOR THE CONSERVATIVE TREATMENT OF HIP FRACTURES: A CASE SERIES

Catarina Duarte*, Mariano Veiga, João Galacho, Rita Morato, Alexandra Resende. *Serviço de Anestesiologia, Centro Hospitalar Lisboa Norte, EPE, Lisboa, Portugal*

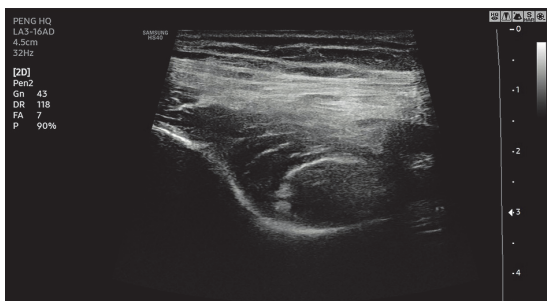
10.1136/rapm-2023-ESRA.145

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.

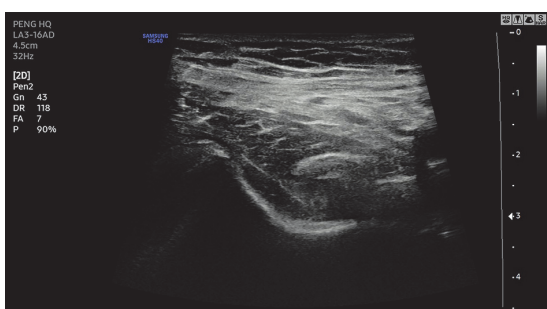
Methods Patients who were deemed inoperable by either the orthopedists or anesthesiologist were evaluated for eligibility criteria and informed consent was obtained. A diagnostic block was performed under ultrasound guidance using 5 mL of 2% lidocaine in the pericapsular nerve group plane. With the needle 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

by the 5-day evaluation. None of the patients reported pain at the 5-day follow-up, and all were discharged pain-free. There were no reported adverse effects. Follow-up was scheduled in outpatient orthopedic consultations.



Abstract EP083 Figure 1 Ultrasonography landmarks for identifying the pericapsular nerve group plane include the antero-inferior iliac spine (bottom left corner), the ileo-pubic eminence (bottom center), and the psoas muscle tendon (above the previous)



Abstract EP083 Figure 2 Under ultrasound guidance, the needle is advanced immediately lateral to the antero-inferior iliac spine and positioned between the ileo-pubic eminence and the psoas muscle tendon. The spread of the injected substance along with the superior displacement of the psoas tendon can be observed

Conclusions Chemical neurolysis seems to provide effective and safe conservative treatment for hip fractures, offering reliable analgesia for non-surgical candidates. Effective collaboration between orthopedic and anesthesiology teams was vital for high-quality patient care.

EP084

AN EFFECTIVE AND SAFE PROCEDURE FOR ANOCOCYGEAL PAIN SYNDROME: COMBINATION OF GANGLION IMPAR BLOCK AND CAUDAL EPIDURAL STEROID INJECTION

¹Fatemeh Farham, ¹Gözde Celik, ²Aslihan Gülec Kilic*, ¹Nurten İnan. ¹Algology, Gazi University Hospital, Ankara, Turkey; ²Anesthesiology and Reanimation, Gazi University Hospital, Ankara, Turkey

10.1136/rapm-2023-ESRA.146

Application for ESRA Abstract Prizes: I apply as an Anesthesiologist (Aged 35 years old or less)

Background and Aims We aimed to evaluate pain scores after ganglion impar block and caudal epidural steroid injection in patients with chronic anococcygeal pain syndrome, who did not respond to conservative treatment.

Methods The information of 31 patients with anococcygeal pain, who underwent Ganglion impar block and caudal

epidural steroid injection was retrospectively reviewed. G. impar block (6mL of bupivacaine%0.125+methylprednisolone 40mg mixture) and caudal steroid injection (7mL of bupivacaine%0.125 +methylprednisolone 40mg mixture) were applied to all patients. After one month, G. impar pulsed radiofrequency(pRF) (6minutes at 42degrees) and caudal injection (7mL of bupivacaine%0.125+methylprednisolone 40mg mixture) were applied to patients who temporarily benefited from the procedure. All procedures were performed under fluoroscopy. Demographic data, etiology of pain, and visual analog scale(VAS) scores before and after the procedure were obtained from patient records.

Results A total of 31 patients of which 5 males(16%) and 26 females(84%) were included in the study. Average age was 41.5 years. Etiology was trauma in 20 patients, surgery in 2 patients, gastrointestinal disease in 2 patients, vaginal delivery in 1 patient, and idiopathic in 5 patients. The mean score of the VAS before the procedure was 7.74. After Impar and caudal block with pRF, average VAS score was decreased to 1.48. 21 patients became pain-free after the procedure, which remained for an average of 52.4 days (2-1840 days). 2 patients reported transient paresthesia and 1 patient reported transient distal edema after the procedure.

Conclusions G.Impar block,pRF and caudal epidural steroid injection are effective procedures for patients with anococcygeal pain without significant complications.

ePoster session 3 – Station 3

EP085

OBTURATOR NERVE BLOCK: WHAT CAN WE DO TO INCREASE SURGEON SATISFACTION?

¹Aleksandra Gavrilovska Brzanov*, ²Skender Saidi, ²Sotir Stavridis, ²Viktor Stankov, ²Aleksandar Trifunovski, ¹Biljana Kuzmanovska, ¹Marija Srceva Jovanovski, ³Nikola Brzanov. ¹Anesthesia and Intensive care, University Clinic for Anesthesia Reanimation and Intensive Care University clinical center Mother Th, Skopje, North Macedonia; ²University Clinic for Urology, University Clinic for Urology, Skopje, North Macedonia; ³Emergency department, University Clinic for Anesthesia Reanimation and Intensive Care University clinical center Mother Th, Skopje, North Macedonia

10.1136/rapm-2023-ESRA.147

Application for ESRA Abstract Prizes: I apply as an Anesthesiologist (Aged 35 years old or less)

Background and Aims The activation of the obturator nerve during transurethral resection of bladder tumors(TUR-BT) may result in unintentionally leg move known as the ‘obturator reflex’(leg jerking).It is better to avoid this condition because it might lead to a number of issues. In this study, we compared the effectiveness of obturator nerve block with different anesthetic solutions.

Methods In this study randomly assigned were, 40 patients scheduled for TUR-BT. Ultrasound-guided obturator nerve block was given with lidocaine 2%10ml and bupivacaine 0.5% 5ml (Group I) or lidocaine 1%10ml and bupivacaine 0.5%5ml (Group II) by single injections (n=20 in each group).The length of the process in both groups was noted since an adductor spasm may make it more challenging; so were the time for obturator block performance, the severity of the motor blockade, and the length of the procedure.Throughout the procedure, the surgeon’s level of satisfaction was observed. The patient’s satisfaction and any problems that might have occurred were also recorded.