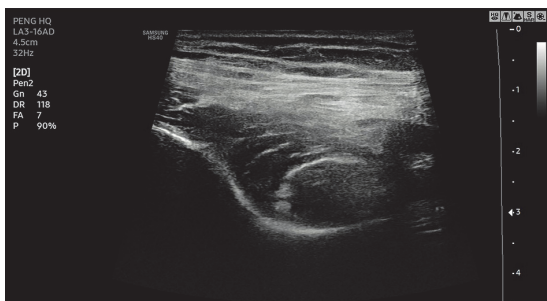
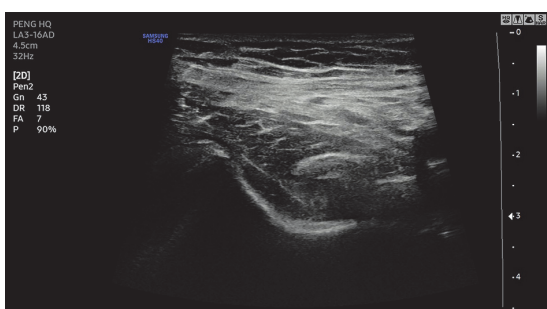


by the 5-day evaluation. None of the patients reported pain at the 5-day follow-up, and all were discharged pain-free. There were no reported adverse effects. Follow-up was scheduled in outpatient orthopedic consultations.



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 ANOCOCCYGEAL PAIN SYNDROME: COMBINATION OF GANGLION IMPAR BLOCK AND CAUDAL EPIDURAL STEROID INJECTION

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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?

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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.

Results Block performance time between groups was similar. The onset time until nerve blockade was 7.3 ± 4 minutes for group I and 12 ± 3 minutes for group II. The ease of access for the two groups was similar. The characteristics of the obturatorius nerve block are presented in table 1.

Conclusions Our research confirms a significant difference in onset time and surgeon satisfaction when obturatorius motor nerve blockade was performed using different anesthetic solutions. The beginning of action and the surgeon's satisfaction are the primary issues in this treatment because the length of the blockade is not of importance.

EP086 GENERAL ANAESTHESIA VERSUS REGIONAL ANAESTHESIA FOR PLASTICS HAND TRAUMA SURGERY

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10.1136/rapm-2023-ESRA.148

Background and Aims This service evaluation project assesses anaesthetic technique efficiency and postoperative analgesia, comparing general anaesthesia versus axillary brachial plexus block performed for plastic hand trauma surgery.

Methods Retrospective data were collected from electronic records between June 2020 and May 2022. Fifty-two patients who received axillary brachial plexus were randomly matched with an equal number of patients who received general anaesthesia for plastic hand trauma surgery. The measured outcomes were (1) anaesthetic time, (2) postoperative opioid consumption in 24 hours expressed as oral morphine dose equivalence, (3) time spent in the recovery room and (4) time to hospital discharge. Data were analysed using the Mann-Whitney U test.

Results The table 1 below summarises measured outcomes comparing general anaesthesia to axillary brachial plexus block for plastic hand trauma surgery.

Abstract EP086 Table 1 Results table summarising the measured outcomes comparing general anaesthesia to axillary brachial plexus block for plastic hand trauma surgery

Measured outcome	GA	Axillary brachial plexus	P-value
Median anaesthetic time (hh:min)	00:24	00:39	<0.001
Median opioid consumption in 24 hours (mg)	5	0	<0.001
Median time spent in the recovery room (hh:min)	00:52	00:43	0.002
Median time to hospital discharge (hh:min)	06:14	07:52	0.786

Conclusions Although general anaesthetic time was shorter than axillary brachial plexus block time, patients who received brachial plexus block spent less time in recovery and required less opioid analgesia. This project could support introducing block rooms to optimise theatre efficiency.

EP087 PERSISTENT INCISIONAL PAIN AFTER NONCARDIAC SURGERY: EPIDEMIOLOGY AND RISK FACTORS

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10.1136/rapm-2023-ESRA.149

Background and Aims Determine the incidence, characteristics, impact, and risk factors associated with persistent incisional pain.

Methods Patients who were 45 years of age or older who underwent major inpatient noncardiac surgery. Data were collected perioperatively and at 1 year after surgery to assess for the development of persistent incisional pain.

Results At one year, from 3.3% to 3.6% patients reported persistent incisional pain. Several demographic and perioperative factors have been identified to be associated with increased risk of persistent pain. Risk factors associated with this problem were young and females patients, tobacco use, coronary artery disease, history of chronic pain, Asian ethnicity, type of surgery, consumption of NSAIDs and cyclooxygenase-2 inhibitors before surgery, insulin not taken before surgery, postoperative PCA use and postoperative continuous nerve block use. Endoscopic surgery were associated with a lower risk of persistent pain. 81% of patients reported one or more features of neuropathic pain characteristics and 85.1% reported interference of pain on some aspect of their daily living. 52.7% of patients with persistent incisional pain reported taking a pain medication.

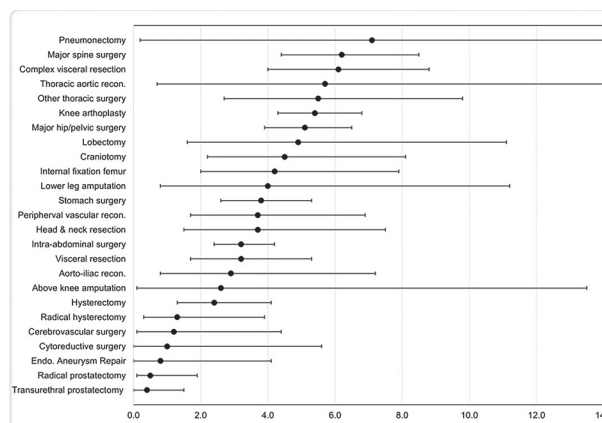


Fig. 2. Incidence of persistent incisional pain in specific surgical populations. Error bars indicate 95% CI.

Abstract EP087 Figure 1 Incidence of persistent incisional pain in specific surgical populations

Conclusions Persistent pain is unfortunately a common and problematic complication after surgery and it continues to be a significant source of distress, occurring in approximately one in thirty adults. At one year, from 3.3% to 3.6% patients reported persistent incisional pain. It is fundamental identify the incidence, characteristics, impact, and risk factors associated with the development of persistent incisional pain so that it results in significant morbidity, interferes with daily living, and is associated with persistent analgesic consumption.

EP088 THE EFFICACY OF SPINAL CORD STIMULATION IN THE MANAGEMENT OF DIABETIC PERIPHERAL NEUROPATHY

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