into two branches, was blocked separately by 3 mL Ropivacaine 0.5%. (figure 1B) The thoracic paravertebral block at T3 with a total of 20 mL Ropivacaine 0.5% was performed at the sitting position by in the oblique sagittal in-plain technique from lateral to medial.

Results The patient was completely awake (Richmond agitation scale 0) during the surgery and no pain in the postoperative care unit. (NRS 0/10). The acetaminophen 1 g orally just once given after almost 5 hours of surgery and she was discharged home 24 hours after the surgery.

Conclusions The selective target block combinations might be considered for all structures with complex innervation, such as scapula.

ULTRASOUND GUIDED ASSOCIATED TO THE FLUOROSCOPY COULD IMPROVE THE EFFICACY AND SAFETY OF THE RADIOFREQUENCY APPLICATION ON THE GANGLION IMPAR: A CASE REPORT

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Abstract 17 Figure 2

The position of the needle tip was confirmed by injecting 1 mL of radiopaque dye in the retroperitoneal space. Then, a thermocouple connected to a radiofrequency generator was inserted to reproduce the patient’s paresthesia via sensitive stimulation, 0.4–0.5 mV. The radiofrequency was performed at 90°C for 90 seconds.

Conclusions The result suggests that ultrasound guided combined with fluoroscopy enhances the safety and accuracy of radiofrequency on the ganglion impar. Furthermore, it significantly reduces radiation exposure for both patients and operator.

THE EFFICACY OF THE ULTRASOUND-GUIDED INTERMEDIATE CERVICAL PLEXUS BLOCK FOR CAROTID ENDARTERECTOMY

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