We hypothesize that adequate post-operative pain management using continuous supra-inguinal fascia iliaca catheter (SIFC) will reduce incidence of dementia in hip fracture patients.

Methods We evaluated a new protocol for post-operative pain management in hip fracture surgeries in a tertiary referral, Level 1 equivalent trauma centre. Upon theatre arrival, peri-capsular injection 10 ml lignocaine 2% followed by threading of supra-inguinal fascia iliaca catheter (SIFC) under ultrasound guidance. Continuous bupivacaine 0.2% infusion was started postoperatively at rate of 5 ml/hr for 48 hrs.

Pain was assessed 10 min after peri-capsular injection during positioning for spinal anaesthesia (lateral position) on a scale 0–10. and every 12 hrs postoperatively for 48 hrs. Delirium was assessed upon theatre admission and every 12 hrs for 48 hrs using CAM ICU.

Results Twenty patients who had hip fracture surgery were successfully followed up, two patients were excluded because catheter was slipped in the first 24 hours. The incidence of new onset delirium was found to be 10% (2/20), there was 58% reduction in the incidence of delirium among traumatic hip fracture patients when compared to the literature (24%). The Morphine Milligrams Equivalent (MME) in the first 24 hrs are 34±27, while in the second 24 hrs 32±25.

Conclusions Implementation of supra-inguinal fascia iliaca continuous block could reduce incidence of delirium in hip fracture population by up to 58%.
Conclusions SSTS has proved an effective and safe device for POP relief after OPCABG. To the best of our knowledge, this is the first report of SSTS use in OPCABG patients.

**Abstract 225**

**CONTINUOUS ULTRASOUND-GUIDED RECTUS-SHEATH BLOCK FOR MIDLINE LAPAROTOMY: AN EFFECTIVE POSTOPERATIVE PAIN MANAGEMENT TECHNIQUE – CASE SERIES**

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Background and Aims Epidural analgesia, though the gold standard of post-operative pain management for laparotomies, is associated with limitations and is contraindicated in many patients. Continuous rectus sheath (RS) block can provide alternative analgesia after midline laparotomy.

Methods We report 5 cases in which continuous local anesthetic infusion through ultrasound-guided (USG) RS catheters showed effective postoperative pain management for midline laparotomy. The multimodal approach for postoperative analgesia for all 5 patients was: paracetamol 1g 8/8h, ketorolac 30 mg 12/12h or metamizole 2g 8/8h and ropivacaine 0.2% through DBS system (5.2 ml/h) through a bilateral percutaneous USG RS catheter during 72h. Tramadol 100 mg as rescue analgesia.

Results Patient’s pain intensity assessed by numerical rating scale during first 72h and the number of times necessary to administer rescue analgesia was also recorded (see table 1).

Conclusions With this case series, the authors showed that bilateral percutaneous USG RS catheter as part of a multimodal analgesia regime seems to provided effective postoperative analgesia for midline laparotomy with minimal or no opioid needs.

**Abstract 226**

**USG GUIDED TAP BLOCK FOR POST OPERATIVE ANALGESIA IN CHILDREN WITH COVID INFECTION UNDERGOING LAPAROTOMY**

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Background and Aims The COVID-19 infection that broke out in the past year had a major impact on pediatric surgery. The urgency of surgical management and asymptomatic symptom in pediatric patients to the risk of multiorgan inflammatory syndrome makes anesthesiologists consider safe and optimal anesthetic techniques.

Methods 9-year-old with 18 kg bodyweight was complained of abdominal pain, diagnose with peritonitis and planned for laparotomy. Patients underwent with general anesthesia intubation. Drugs for induction include fentanyl 40mcg, ketamine 20 mg, and atracurium 10 mg intravenously. Hemodynamics during surgery was stable and after surgery, the patient performed TAP block of Ropivacaine 0.2% and Clonidine 30mcg with total volume 5 ml each side for post operative analgesia.

Results Patient was operated in COVID-19 operating room which intubation use aerosol box to prevent aerosol contacted...