

maxillary nerve block (second branch of the trigeminal nerve), at pterygopalatine fossa level, promotes effective analgesia to the middle third of the face.

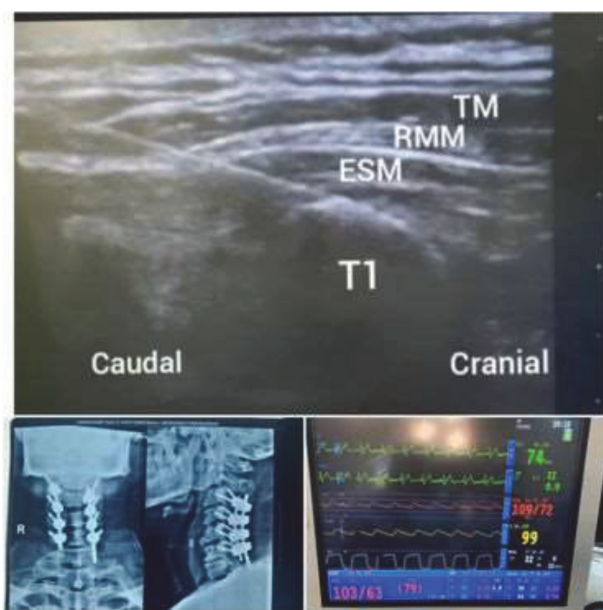
## 20 'THE ANALGESIC PLANE' FOR POSTERIOR CERVICAL SPINE FUSION SURGERIES

BT Arish\*, RV Ranjan, S Segaran, B Hariharasudan. *Pondicherry Institute of Medical Sciences, Puducherry, India*

10.1136/rapm-2021-ESRA.20

**Background and Aims** Posterior C spine fusion surgeries will lead to severe post-operative pain arising from tissue trauma which affects the physiological functions of circulation and respiration as well as seriously affects early activities. We share our experience in this 4 cases which were managed with erector spinae along with GA which was effective during perioperative period.

**Methods** After informed written consent all 4 patients were anaesthetised by using standard general anaesthesia protocol and positioned prone. High frequency US probe (FUJIFILM SONOSITE M TURBO) placed over the transverse process of C7 (case 1), T1 (case 2), T2 (case 3 & 4) to identify the erector spinae muscles (ESM). Using 23 G quincke needle, by



Abstract 20 Figure 1

Abstract 20 Table 1 Demographic data

	Case 1	Case 2	Case 3	Case 4
Age / sex	67 / M	72 / M	38 / M	51 / M
BMI	22	40	24.2	26
Co Morbidities	NIL	HTN, DM, OSA	Smoker, alcoholic	NIL
ASA physical status	I	III	II	I
Surgical level	C3 –C6	C3 –C6	C5 –C7	C3 –C7
CESP	C7	T1	T2	T2
Surgical duration	240 mins	270 mins	270 mins	300 mins

Abstract 20 Table 2

	Case 1	Case 2	Case 3	Case 4
Additional Intra op opioids use	NIL	NIL	NIL	NIL
Time of post op opioid requirement	12 <sup>th</sup> & 22 <sup>nd</sup> hr	16 <sup>th</sup> & 24 <sup>nd</sup> hr	14 <sup>th</sup> hr	14 <sup>th</sup> & 20 <sup>th</sup> hr
Total dose of opioid consumption in the post op (mg)	50 + 50	50 + 50	50	50 + 50
Post op complications	NIL	NIL	NIL	NIL

in plane approach the needle tip was placed between ESM and the transverse process. After confirmation with saline, B/L CESP was given (15 ml of 0.25% bupivacaine + 4 mg dexamethasone) on each side. Inj. paracetamol 15 mg/kg was given before skin incision and continued 6<sup>th</sup> hourly for 1<sup>st</sup> 24 hrs post op. All patients hemodynamics were monitored. Postoperative pain was assessed using VAS score every hour for the 1<sup>st</sup> 12 hours and 2<sup>nd</sup> Hourly till 24 hours. Inj tramadol 50 mg was used for breakthrough pain (VAS score  $\geq 4$ ) in the post op.

**Results** No additional opioids were required during intra op period

Reduced post op opioid requirements

Promotes early mobilization

**Conclusions** We found CESP provides an excellent site specific intra op and post-op analgesia and reduces the perioperative opioid requirements; thereby promotes early mobilization and hospital discharge.

## 21 CONTINUOUS THORACIC PARAVERTEBRAL BLOCK FOR SIMPLE MASTECTOMY IN A PATIENT WITH MULTIPLE COMORBIDITIES – A CASE REPORT

S Soni\*, A Roy, D Mukherjee, A Das. *Nil Ratan Sircar Medical College and Hospital, Kolkata, India*

10.1136/rapm-2021-ESRA.21

**Background and Aims** Anesthetic management in patients with multiple comorbidities is challenging for anesthesiologists.

**Aim:** To highlight the role of continuous thoracic paravertebral block (TPVB) for providing effective anesthesia and analgesia in breast surgery.

**Methods** A 63 years old female with uncontrolled hypertension, hypothyroid and coronary artery disease (LVEF 26%, NYHA Class III) was scheduled for urgent simple mastectomy for Phylloides tumour of the right breast. Ultrasound guided continuous thoracic paravertebral block was performed at T4 level administering 20 ml of 0.75% ropivacaine bolus followed by 0.2% ropivacaine infusion. Intraoperative sedation was maintained with dexmedetomidine infusion. 0.2% ropivacaine infusion at 5 ml/hr was continued for 48 hrs, after that catheter was removed.

**Results** Continuous TPVB provided adequate anesthesia, good hemodynamic stability and opioid sparing perioperative analgesia.

The VAS score in postoperative period at rest was 2/10 and on movement was 3/10.

There were no block related complications.

**Conclusions** Continuous thoracic paravertebral block is quite effective for breast surgery with comparative efficacy but lesser complications than general anesthesia.