

23 SUPRACLAVICULAR BLOCK FOR ELBOW FRACTURES

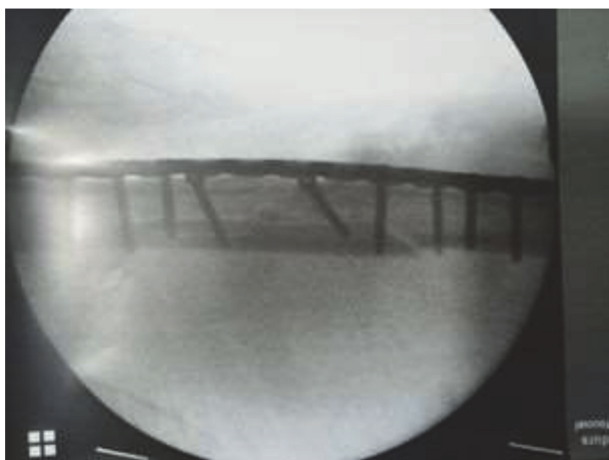
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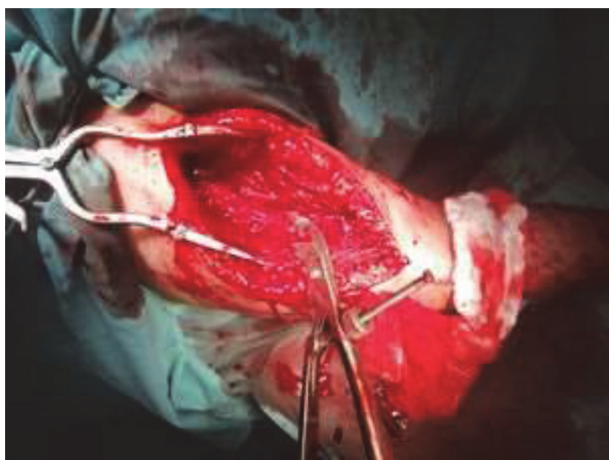
Background and Aims The aim is to demonstrate the efficiency of supraclavicular block with a mixture of Bupivacaine 0.5% and lidocaine 2%.

Methods Patients with elbow fractures were scheduled for supraclavicular block using a mixture (50/50) of bupivacaine 0.5% and lidocaine 2%. The volume used was 40 ml. Dexamethasone 8 mg was added i. V. It was opened surgery with insertion of 2 plaques with screws. Duration of operations was 2–3 hours. Some patients who were put in sitting position received an intubation with 50mcg fentanyl, propofol 150 mg, rocuronium 30 mg, and the maintenance was on sevoflurane 1%, with oxygene/air(50/50). Patients that were put laterally received midazolam 1–3 mg iv, and 50–70 mg propofol and maintained on spontaneous respiration on oxygen mask.

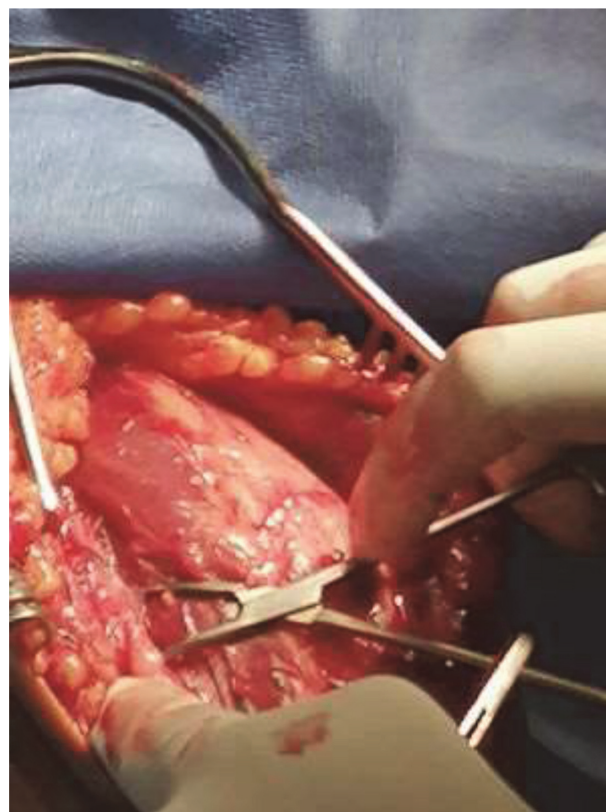
Results Perioperatively, the pulse, heart rate and pressure did not change more than 20%. Patients were stable hemodynamically. They were sent to the recovery room to be observed for 30 min and then transferred to the wards. They received paracetamol 1g iv/6h and ketorolac 30 mg iv/8h. The EVA was always <4. They went home on the next day.



Abstract 23 Figure 1



Abstract 23 Figure 2



Abstract 23 Figure 3

Conclusions A mixture of bupivacaine 0.5% isobar with lidocaine 2%, with a total volume of 40 ml and dexamethasone 8 mg iv, gives adequate analgesia and anesthesia for elbows fractures that were operated by insertion of plaques.

24 ANTERIOR CERVICAL EPIDURAL HEMATOMA AFTER COMBINED SPINAL EPIDURAL ANESTHESIA: A CASE REPORT

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Background and Aims The choice of anesthetic technique should be based on the maternal and fetal condition, comorbidities, the expected duration and difficulty of the procedure, and the presence or absence of an in-situ epidural or spinal catheter. Venous thromboembolism (VTE) remains an important cause of morbidity and mortality in the obstetric population. This article presents a case about cervical anterior epidural bleeding and conservative management seen after cesarean with combined spinal-epidural anesthesia.

Methods A 32-year-old woman was admitted to our clinic for a cesarean operation for 36 weeks twin pregnancy. A combined spinal-epidural was planned for the cesarean operation anesthesia. After the operation, the patient with no complaints was transferred to the inpatient clinic by adjusting the epidural patient-controlled analgesia device (PCA) doses.

Results She had a headache in the posterior region of the head that spreads neck and shoulders started 48 hours after the operation. The next day patient was pain-free with analgesic medications and has discharged with low molecular weight