"I can provide safe and effective regional anaesthesia"

Abstract 151 Figure 3 Pre- and post-course questionnaire for providing safe and effective regional anaesthesia

and providing safe and effective regional anaesthesia (figure 3).

Conclusions We have shown regular departmental Sonoclub teaching improves training and competency in regional anaesthesia. We recommend Plan A blocks are taught on a regular basis in all hospitals. It is cheap, easy to implement and improves standards in regional anaesthesia.

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REGIONAL ANESTHESIA FOR CORRECTION OF CLAVICLE FRACTURE IN A POLYTRAUMA PATIENT DIAGNOSED WITH SEVERE OBSTRUCTIVE SLEEP APNEA (OSA)

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Background and Aims Clavicle surgery can be performed under general or regional anesthesia; the latter is preferred when there's interest in avoiding complications associated with general anesthesia.

Multiple rib fractures are associated with significant morbidity such as ventilatory compromise, increased rate of atelectasis, lung contusion and pneumonia. If invasive mechanical ventilation can be avoided, intensive care unit stay and complications from mechanical lung ventilation can be prevented.

Methods A 78-year-old male patient weighing 80 Kg and with severe OSA presented to our emergency department with a left clavicle fracture and left costal arc fractures from T1 to T10 after an accidental fall. After stabilization the patient was scheduled for surgical correction of the clavicle fracture.

After obtaining consent to perform surgery under regional anesthesia and conscious sedation, we administered 50 mcg of fentanyl and initiated a dexmedetomidine infusion.

We performed different ultrasound guided nerve blocks with Ropivacaine 0.5%: 5 mL were administered at the interscalene groove to block the brachial plexus, 5 mL targeted at the supraclavicular nerves and 10 mL at the clavipectoral fascial plane.

Results The patient reported no pain throughout the procedure and there was no ventilatory compromise or need for intubation. In the first 24 postoperative hours, the patient did not report pain, either at rest or movement, without need of rescue analgesia.

Conclusions The use of peripheral nerve blocks allowed for surgical correction of clavicle fracture in our patient, while

avoiding pulmonary complications associated to invasive mechanical ventilation, difficult ventilatory weaning, and prolonged stay at the intensive care unit.

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ULTRASOUND-GUIDED SERRATUS ANTERIOR PLANE BLOCK (US-SAP BLOCK) AND ULTRASOUND-GUIDED PARASTERNAL BLOCK (US-PSB) FOR S-ICD IMPLANTATION IN SEVERE DILATED POST-ISCHEMIC CARDIOMYOPATHY: A CASE STUDY

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Background and Aims s-ICD (subcutaneous-Implantable Cardioverter Defibrillator) is crucial in patients at risk of cardiac adverse events. Positioning technique requires in deep sedation or general anesthesia two incisions with generator placed between 'serratus' and 'latissimus' muscles while defibrillator lead goes through parasternal incision. We report a case of s-ICD implantation under regional anesthesia and sedation.

Methods A male patient, aged-44, BMI 21, severe post-ischaemic cardiomyopathy (EF 26%, TAPSE 14 mm, PAP 67 mmHg, BNP 1428), ASA 3, was scheduled for s-ICD implantation. After valid informed consent, US-SAPB was performed aseptically, using 80-mm echogenic, atraumatic needle, at mid-axillary line, fifth rib, left hemithorax. Anatomy and needle's tip correctly viewed. After negative aspiration, in boluses, 0.5% ropivacaine 20 ml were injected. In full asepsis US-PsB, left second and fourth intercostal spaces, was performed; 50-mm echogenic, atraumatic needle. Anatomy and needle's tip correctly viewed. 0.375% ropivacaine 4 ml was injected for each block. No complications. Pneumothorax was excluded by LUS. 10-MHz linear probe was used. MAC (Monitored Anesthesia Care) was provided. Patient was sedated with midazolam 2 mg e.v., propofol 50 mg e.v. and dexmedetomidine in continuous intravenous infusion (0,5mcg/kg/h), in spontaneous breathing and 30% O2 mask.

Results Operation began 15 minutes after beginning of MAC, 45 minutes after blockades placement. Patient vital signs, although severely sick, remained stable. No pain reported. Patient was observed in PACU and discharged with Aldrete-score 10.