Abstract 153 Figure 1

Conclusions In our experience we perform ultrasound-guided interfascial plane blocks with high profile of efficacy and safety in s-ICD placement also in sick patients.

154 SELF-COILING CATHETER FOR CONTINUOUS INTERSCALENE BRACHIAL PLEXUS BLOCK AFTER SHOULDER SURGERY: THE INCIDENCE OF CATHETER TIP MIGRATION AND EFFECT ON ANALGESIA

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10.1136/rapm-2021-ESRA.154

Background and Aims Continuous interscalene brachial plexus block (CISB) provides analgesia after shoulder surgery. However, when catheter tip migration occurs, pain relief is degraded. We previously reported that catheter tip migration occurred at a rate of 44.8% during CISB for 48 hours regardless of catheter insertion length change when a conventional catheter was used and this migration decreased the analgesic effects. Reducing the migration rate is required to improve postoperative analgesia. Using a catheter of a different shape, like a self-coiling catheter, may help decrease tip migration. We therefore prospectively observed the catheter tip position of self-coiling catheters using ultrasound and studied its analgesic effect during CISB after shoulder surgery.

Methods After receiving IRB approval and informed consent, we studied 19 consecutive patients undergoing shoulder surgery who received the posterior in-plane approach to CISB under ultrasound-guidance. A self-coiling catheter was inserted for postoperative infusion for 48 hours. Using ultrasound, catheter tip location was assessed immediately after surgery

**The Shimane University Institutional Committee on Ethics
Evaluation Form Regarding the Research Proposal**

Study number: 4301
Date: February 5, 2020

Applicant (Principal Investigator): Shinichi Sakura

Research Title: Migration rate of the tip position of self-coiling catheter inserted for continuous interscalene brachial plexus block: a prospective, observational study

Your research proposal submitted on November 26, 2019, has been reviewed by the Shimane University Institutional Committee on Ethics. The result is as follows:

Result:

- ☒ Approved
☐ Unapproved
☐ Put on hold
☐ Not applicable

Administrator of the personal information concerned with this research proposal

Name: Shinichi Sakura

Official Title: Professor

Affiliation: Operation Division

Date: February 5, 2020

Authorized Signature

Dean of Faculty of Medicine, Shimane University
Kazumichi Onigata M.D., Ph.D.

Abstract 154 Figure 1

and at 24 and 48 hours after block procedure. Pain scores, analgesic requirements, sensory and motor blockade were also assessed.

Results Under ultrasound, a catheter tip was found to be migrated in 2 patients (10.5%) including one patient with no catheter-at-skin change during CISB. Pain was well controlled for 48 hours.

Conclusions Catheter tip migration can occur even with a self-coiling catheter. However, since the incidence rate was almost one quarter of that with a conventional catheter, a comparative randomized study to confirm the present findings is warranted.

155 SUPERIOR TRUNK BLOCK: AN UNORTHODOX ALTERNATIVE TO INTERSCALENE BLOCK FOR PROXIMAL HUMERUS SURGERIES IN PATIENTS WITH SIGNIFICANT PULMONARY DISEASE

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10.1136/rapm-2021-ESRA.155

Background and Aims Proximal shoulder surgery in patients with compromised pulmonary function stipulates anaesthesiologists to look for an alternative to interscalene block. Such aforementioned challenge pioneered the initiation of use of superior trunk block to utilise distinct advantage of phrenic nerve sparing, allowing the patients to execute normal