Bilateral: 1712 patients, two pneumothoraces. Complication rate 0.1%; 95% C.I. <0.01%, 0.4%

Conclusions Pneumothorax is a rare complication of ultrasound-guided PVB and serratus blocks in a high-volume practice. This aligns with the prior findings of Pace[1] in a retrospective study of 856 patients who received ultrasound-guided PVB, none of whom had suspected pneumothorax. We report a slightly higher rate of pneumothorax with serratus blocks, suggesting that fascial plane blocks are not necessarily 'safer.'

162 ULTRASOUND GUIDED SUPRACLAVICULAR BRACHIAL PLEXUS BLOCK WITH 0.5% BUPIVACAINE AND ADDITIVES: CASE SERIES AT TEACHING HOSPITAL ANURADHAPURA

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Background and Aims Supraclavicular block (SCB) is associated with excellent post-operative patient outcomes for upper limb surgeries. Bupivacaine, a long-acting regional anaesthetic, efficacy of which is altered with the co-administration of additives.

Aim of the study was to assess the efficacy of supraclavicular block with 0.5% bupivacaine compared to co-administration of additives and the associated complications.

Methods Following ethical clearance and informed consent, over a period of 5 months from June 2020, 152 adult patients at Teaching Hospital Anuradhapura Sri Lanka, undergoing upper limb surgeries were divided into 4 groups & prospectively followed-up. All received 0.5% of Bupivacaine while additives 2% Lidocaine, 8.4% sodium bicarbonate & 8 mg Dexamethasone was added to other 3 groups. Sensory and Motor block onset time, duration of post-block analgesia, acute and late complications and patient satisfaction was noted.Data was analysed using descriptive statistics & ANOVA, using SPSS V.25.

Results Successful surgical anesthesia was achieved in all with 0 cases of long-term neurological complications with 94% patient satisfaction. The motor & sensory block onset time & post block analgesia duration respectively for Lidocaine (9.74min,9.74 min & 7.07 h), Bicarbonate (12.89min, 16.32min & 12.09h),dexamethasone (19. 34 min, 17.24min & 20.87h) & Bupivacaine was (20.39min, 18.42min & 13.15h).

Conclusions The differences between bupivacaine and lidocaine groups for sensory & motor block onset times & between Bupivacaine & dexamethasone groups for post-block analgesia duration were statistically significant (p<.001).Supraclavicular block has minimal associated complications & additives Lidocaine shortens the onset of anaesthesia and the duration of analgesia while dexamethasone prolongs the duration of analgesia significantly.

163 AN OPEN CONVERTED ABDOMINAL SURGERY IN ERAS (ENHANCED RECOVERY AFTER SURGERY) PROTOCOL

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Abstract 163 Table 1

	Patient 1	Patient 2
Drink water	H0	H2
Eat a rusk	H6	H6
Stand up & toilet	H6	H6
Intestinal transit	H36	H40
Catheters out	H36	H42
Discharge	H48	H96

Background and Aims Described by Forero et al, the Erector Spinae Plane Block (ESPB) is a multidermatomal sensory block that provides regional anesthesia to the ipsilateral thoracic or abdominal wall.

We report two cases of Enhanced Recovery laparoscopic after sigmoidectomy converted to laparotomy, combining multimodal analgesia with bilateral ESPB for postoperative analgesia.

Methods The plan was general anesthesia with minimal stress surgery care; using opioid free anaesthesia, dexmedetomidine, dexamethasone and NSAID. Early in the procedure, the surgeon converted to open surgery so we decided to keep the ERAS protocol with a bilateral ESPB which would ensure more comfort.

The ultrasound-guided injection of a long acting local anaesthetic between the erector spinae muscle and the transverse spinal process is followed by the placement of a catheter for continuous infusion (L-bupivacaine 0.125% at the rate of 6 ml/h).

Results The ERAS protocol was ensured. The Numerical Rating Scale scores were always below 3/10 except on day 2, at the withdrawal of the catheter relieved by 5 mg of oxycodone. No nausea or vomiting were reported. (Table 1)

Conclusions Bilateral ESPB is a safe technique with no major side effects compared to the epidural. It gives good quality analgesia and it provides a faster recovery with early standing so a good option in converted abdominal surgery. Prospective randomized trials are needed to confirm the apply of this block.

164 ANAESTHESIA AND POSTOPERATIVE ANALGESIA FOR FOREFOOT SURGERY – A REVIEW OF OUR CURRENT PRACTICE AT NOTTINGHAM CITY HOSPITAL

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Background and Aims Foot and ankle surgery are associated with moderate to severe pain which can influence the postoperative outcome. We performed an audit to review our practice for forefoot surgery at Nottingham City Hospital based

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