on the anaesthesia and analgesia principles outlined in the recently published PROSPECT (PROcedure SPECific Postoperative Pain Management) guideline for Hallux Valgus repair surgery.¹

Methods We performed a retrospective audit for patients who underwent forefoot surgery between 01/07/19 to 31/12/19. The data was collated from the Digital Health Records database, analysed in Microsoft Excel and presented at clinical governance meeting

Results A total of 102 patients underwent forefoot surgeries. Out of them, 68 patients had peripheral nerve blocks (PNBs) only, 30 had general anaesthetic alone or in combination with PNB or local anaesthetic infiltration (LAI) and 4 had only spinal anaesthetic. Ankle block was the most commonly performed PNB. Only 5% of patients received systemic paracetamol + nonsteroidal anti-inflammatory drugs (NSAIDs) and 26% received intraoperative dexamethasone. Discharge prescription were missing for 22% of the patients. Of those retrievable, 89% included an opioid to take home.

Conclusions As recommended in the guideline, the ankle block was PNB of choice. The majority of those who did not have an ankle block, had a popliteal sciatic nerve block and saphenous nerve block or LAI. However, there is scope of improvement in the use of intraoperative multimodal analgesia with paracetamol, NSAIDs and dexamethasone and appropriate discharge prescription for effective postoperative pain management.

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CONTINUOUS SUPRACLAVICULAR BRACHIAL PLEXUS BLOCK FOR REPLANTATION IN THE UPPER EXTREMITY – A CASE REPORT

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10.1136/rapm-2021-ESRA.165

Background and Aims Continuous brachial plexus block (CBPB) with local anaesthetic is useful for long surgical operations on upper extremity. CBPC improve tissue perfusion after replantation surgery of the extremity by decreasing vasospasm, relieving pain, and promoting collateral circulation. In reconstructive surgery is particularly important because sympathetic blockade of the vessels provides increased blood flow to the injured extremity, which increases the success rate of the surgery.^{1,2}

Methods We present a case of a 51-year-old man, ASA 2, who had combined anaesthetic technique with continuous supraclavicular block of the brachial plexus to prevent postoperative pain and maintain extended vasodilatation.

The procedure was successfully completed under combined anesthesia.

Results In the reported case, CBPB was effective providing the best analgesia during the postoperative period and preventing the development of vasospasm in the digital arteries of the re-implanted digit and improving graft survival. The patient had a satisfactory evolution during the postoperative period, with adequate analgesia. No complications were reported.

Conclusions Microsurgical operation of the hand is a common procedure of reconstructive surgery. CPPB offers numerous advantages in terms of the best graft perfusion and was found to be effective in both sympathetic blockade and postoperative pain management.¹⁻⁴

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THE EFFICACY OF MODIFIED THORACOABDOMINAL NERVES BLOCK THROUGH PERICHONDRIAL APPROACH: A PROSPECTIVE OBSERVATIONAL STUDY AND A CADAVERIC EVALUATION

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10.1136/rapm-2021-ESRA.166

Background and Aims Modified thoracoabdominal nerves block through perichondrial approach (M-TAPA) was first described as a peripheral nerve block by Tulgar in 2019, which provides an analgesic effective range in Th7–11 with a single puncture per side¹. The efficacy and effective duration of the M-TAPA has been reported in several case reports; however its effects require further examination.

Methods With an IRB approval (No.2700) and registration (UMIN Clinical Trials Registry: UMIN000041137), 10 adult female patients scheduled for an open radical hysterectomy with vertical incision or laparotomy with a midline incision from under the xiphoid process to the symphysis pubis were enrolled. The primary outcome was the number of anesthetized dermatomes at 2 and 24 h postoperatively. Secondary outcomes included the numerical rating scale scores and the total amount of fentanyl used. Cadaveric evaluation was performed to assess the spread of the dye.

Results Patient characteristics are shown in table 1. The median number (interquartile range) of anesthetized

Abstract 166 Figure 1

Abstract 166 Table 1 Patient characteristics

	All patients (n=10)
Age (years), median (IQR)	50.4 (43.5–58.5)
ASA grade (1/2)	3/7
Height (cm), mean (SD)	156±5
Weight (kg), mean (SD)	60±10
Duration of surgery (min), median (IQR)	241 (159–260)
Duration of anesthesia (min), median (IQR)	298 (193–322)
Intraoperative fentanyl use (µg/kg), median (IQR)	7.1 (5.7–9.5)
Time-weighted average of remifentanyl use (µg/kg/min), median (IQR)	0.18 (0.15–0.22)
Blood loss (mL), median (IQR)	728 (448–770)
Urine output (mL), median (IQR)	205 (155–270)
Total Input (mL), median (IQR)	3000 (2300–3383)
Pre-operative Albumin (mg/dL), mean (SD)	4.3±0.2
Type of surgery	
ATH+BSO+PLA+PALA+OMX	4
ATH+BSO+PLA	3
ATH+BSO+OMX	2
BSO+OMX	1

Abstract 166 Table 2

	All patients (n=10)
NRS at rest	
2 hours	5 (2-6.5)
24 hours	0.5 (0-2)
48 hours	1 (0-2)
NRS on movement	
2 hours	NA
24 hours	3 (3-5.5)
48 hours	3.5 (3-5)
Total amount of postoperative fentanyl use in µg/kg	
0-12 hours	6.1 (5.1-6.7)
12-24 hours	5.7 (4.6-8.4)
24-36 hours	4.6 (1.9-6.2)
36-48 hours	3.0 (0.6-3.9)
Postoperative nausea and vomit within 48 hours (+/-)	4/6
Number of additional analgesics use, n (%)	
0 time	8 (80%)
3 times	2 (20%)
Patient satisfaction	8.5 (8-10)

dermatomes at 2 and 24 h postoperatively were 6 (5-7) and 6.5 (5-7) in the anterior cutaneous branch area, and 5 (4-7) and 7 (5-7) in the lateral cutaneous branch area, respectively. (Figure 1) There was an 85% chance of simultaneously acquiring the Th8-Th11 analgesic area including completely blocking Th9-10 in the anterior cutaneous branch area. Results are presented in table 2. Cadaveric evaluation showed the spread of the dye in Th8-11.

Conclusions M-TAPA may provide an analgesic effect in Th8-11 in the anterior cutaneous branch area.

167 ULTRASOUND GUIDED COSTOCLAVICULAR BRACHIAL PLEXUS BLOCK FOR PROXIMAL HUMERUS FRACTURE WITH PNEUMOTHORAX IN AN ELDERLY PATIENT – A CASE REPORT

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10.1136/rapm-2021-ESRA.167

Background and Aims Patients with proximal humeral fractures present a unique challenge to anesthesiologists because no single brachial plexus block adequately covers the entire distribution of the upper extremity. It is more complicated in the presence of multiple trauma with rib fractures and pneumothorax.

Methods We report a case of 70 year old male, ASA II admitted with polytrauma. Radiological investigations revealed closed fracture of right humerus and right distal radius with left sided mild pneumothorax following multiple left sided rib fractures and was scheduled for right humerus plating along with bone grafting and closed reduction of right distal radius. Inside operation theatre, standard monitors were attached and oxygen support was provided. Under sterile aseptic precautions, patient in supine position, a linear array Ultrasound probe (5-13MHz, Sonosite, USA) was used. Under Ultrasound

Abstract 167 Figure 1

Abstract 167 Figure 3

Abstract 167 Figure 2