Abstract 169 Figure 1

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– 78%). There was also a small increase in both adductor canal (AC) and IPACK block use for postoperative pain management¹, and sporadic use of quadratus lumborum (QL) and erector spinae plane (ESP) block following hip and femur surgery² (table 1). We had a significant increase in number of cases done under monitored anesthesia care and peripheral nerve block (supraclavicular brachial plexus block for arm surgery, and combination of popliteal and AC block for lower leg surgery) (table 1). In 2020, with decrease in trauma cases, the absolute number of UGRA blocks decreased, however the percentage of patients that received the block increased (table 1, figure 1).

Conclusions It remains to be seen if current percentage of patients who have UGRA techniques will be maintained when the number of trauma cases returns to pre-COVID level.

170 LUMPECTOMY UNDER INTERPECTORAL BLOCK AND PECTO-INTERCOSTAL FASCIAL BLOCK

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Background and Aims Regional anesthesia (RA) is a valuable alternative to general anesthesia (GA) in breast cancer surgery (BCS). In vitro studies suggest that RA might positively influence cancer outcome (1). We present a documented difficult airway case of a 80-year-old woman, proposed for lumpectomy under Interpectoral block (IPB) and Pecto-Intercostal Fascial Block (PIFB).

Methods A 80 year-old woman suffering from a non-controlled severe obstructive sleep apnea, obesity (BMI 34) with a breast papilar carcinoma was proposed for lumpectomy (23×11 mm lesion at the internal quadrants).

Results She presented a IV Mallampati score (figure 1), thyromental distance < 6cm, class II upper-lip-bite test and

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previous history of difficult airway management with postponement of this procedure 3 days before. After patient's consent, we successfully managed the case with an ultrasound-guided IPB and a PIFB (figure 2), total local anaesthetic solution – 20 mL of mepivacaine 1,5% & ropivacaine 0,375% under light sedation. The procedure was uneventful, for patient and surgical team.

Conclusions IPB and PIFB successfully managed anaesthesia & analgesia of this case under light sedation, avoiding GA and management of a documented difficult airway patient. Latest evidence supports IPB as a good technique for BCS(2) and PIFB is a relatively novel block suited for inner quadrant breast surgery approach(3). RA has been a good alternative avoiding airway management on this documented difficult airway, provided excellent surgery conditions, pain relief and a high level of patient satisfaction.

Approval has been granted by the ethics committee

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PTERYGOPALATINE BLOCKADE IN THE ALGORITHM OF TREATMENT OF OPHTHALMIC COMPLICATIONS OF HERPES ZOSTER

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Background and Aims Ophthalmoplegia in herpes Zoster is quite rare. At the same time, we observed a case of relapse of herpes Zoster with the clinic of ptosis of the upper eyelid on the background of a pronounced pain syndrome without vesicular rashes as the primary clinical signs. Relief of pain syndrome against the background of antiviral therapy is one of the primary tasks. To evaluate the effectiveness of pterygopalatine blockade (PPB) in the algorithm of treatment of atypical ophthalmic herpes Zoster with severe pain syndrome and ophthalmoplegia.

Methods Patient 60 years old. Complaints about OS blepharoptosis, pain (VAS = 4). The edge of the OS eyelid is lowered to the upper edge of the pupil, the cornea is transparent, there are no signs of uveitis. The condition is regarded as ganglionitis n.ophthalmicus of unknown etiology. The patient underwent PPB (4 mL ropivacaine 0.5%) for pain relief in herpetic ophthalmic neuralgia

Results 40 minutes after PPB, the pain was relieved, VAS = 0. 2 hours after PPB, the ptosis decreased. After 72 hours the patient had a draining herpetic rash on the skin in the projection of the III branch of the trigeminal nerve on the left. Further treatment of the patient was continued by an infectious disease specialist.

Conclusions The experience gained in the use of the PPB in the algorithm for the treatment of ophthalmic complications of herpes Zoster allowed us to achieve not only the relief of pain, but also to reduce the severity of the inflammatory reaction of extraocular muscles, ptosis.

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ULTRASOUND GUIDED COMBINED SCIATIC PLUS FEMORAL NERVE BLOCK IN HIGH RISK PATIENTS POSTED FOR LOWER LIMB SURGERIES

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Background and Aims Regional Nerve Blocks are now the mainstay for high risk patients undergoing surgery where General, Spinal or Epidural Anaesthesia have poor outcome. Combined Sciatic and Femoral Nerve block given for lower limb surgeries like amputation, arthroplasty, ORIF in patients having multiple co-morbidities like Ishaemic Heart Disease (IHD), COPD, Uncontrolled DM and HTN. Ultrasound guided nerve blocks are effective, safe and have reduced incidence of neurological damage and Local Anaesthetic Systemic Toxicity (LAST).

Methods 5 patients undergoing lower limb surgery, in KLE's Dr. Prabhakar Kore Charitable Hospital and MRC were considered. Three of the patients had IHD with EF 40%. One had RV Dysfunction with IVC collapsibility <50%. Another had COPD and was in sepsis. A complete pre-anaesthetic evaluation was done after selecting appropriate patients. Under ultrasound guidance, with patient in sciatic and femoral nerve blocks were given with equal mixtures of 0.5% Bupivacaine + 2% Lignocaine + 2 ml of Soda Bicarbonate. Intra-operatively hemodynamics was maintained. Case 1 required rescue Epidural Anaesthesia. For case 3 i.v paracetamol was given for additional analgesia. In rest of the cases no additional analgesia/anaesthesia was needed.

Results

Abstract 172 Figure 1

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