

ml/hour and paracetamol 1 gr/8 hours. Vital sign was recorded intraoperatively. NRS was measured at recovery room, 6, 12, 24 hours postoperatively.

Results Hemodynamic instability was not observed during incision and intraoperatively. NRS was 2 in recovery room and ward. No additional opioid used intraoperatively.

Conclusions Continuous ESPB is effective to reduce pain, total opioid consumption and can be used as alternative for epidural analgesia. Prospective trials are needed to evaluate the efficacy of continuous ESPB for open nephrectomy.

14 **SUPERIOR TRUNK BLOCK AND SUPERFICIAL CERVICAL PLEXUS IN PATIENT WITH DIFFICULT AIRWAY FOR CLAVICULA SURGERY: A MANAGEMENT OPTION**

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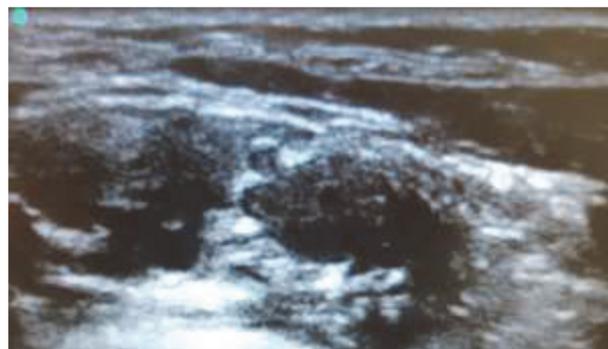
Background and Aims There are different scales to assess the degree of difficulty to ventilate and intubate the different patients. unfortunately there is the possibility of having an unanticipated difficult airway scenario. In this case, a 71-year-



Abstract 14 Figure 1



Abstract 14 Figure 2



Abstract 14 Figure 3

old female patient with chronic arterial hypertension managed with a diuretic and calcium antagonist; hypothyroidism treated with levothyroxine 100 milligrams a day. His current condition begins with a fall from the stairs with pain in his left shoulder, with deformity and inability to move his upper limb. She has a history of difficult intubation, in her last surgery she required advanced CPR secondary to hypoxia. Therefore, this patient represents a challenge.

The objective is to demonstrate the usefulness and advantages offered by this regional technique.

Methods An ultrasound-guided block was performed with a 50 mm needle with 20 gauge in the superficial cervical plexus and upper trunk of the brachial plexus in plane, with doses of ropivacaine at 0.25% and lidocaine with epinephrine at 1.75% with a volume of 10 and 5 milliliters, respectively without complications.

Results The combined locoregional blockade in this patient was satisfactory, allowing the surgery to be performed with the patient awake, avoiding compromise and manipulation of the airway.

Conclusions The anesthetic technique of choice in this type of patient is controversial, but the use of resources and alternatives that can be used is important to reduce the risks and possible complications associated with unwanted events during surgery. It is important to individualize the cases and assess the risk benefit of each anesthetic technique.