Conclusions The experience of pain and pain management are between heaven and hell. However, a person-centered pain management are important independent on which pain relief given to achieve well managed pain.

177 PROLONGED MOTOR BLOCK WITH PERSISTENT SAPHENOUS NEUROPATHY FOLLOWING COMBINED POPLITEAL/SAPHENOUS NERVE BLOCK FOR ANKLE SURGERY

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10.1136/rapm-2021-ESRA.177

Background and Aims Ultrasound guided peripheral nerve block for ankle surgery is appropriate alternative for spinal anaesthesia, allowing for earlier mobilization and adequate postoperative pain control.

Methods 38-year-old female, BMI 20.7, presented for hardware removal a year after an open reduction and internal fixation of bimalleolar ankle fracture. Ultrasound guided popliteal/saphenous nerve block was performed with spinal needle (G25, Quincke), using 0.5% levobupivacain and dexamethason as an adjuvant to local anaesthetic. Due to poor visualisation of saphenous nerve, paraesthesia was briefly elicited once during the procedure. Surgical procedure

Abstract 177 Figure 1

went uneventfully, in complete surgical block and intravenous sedation with propofol. Motor block persisted for 48 hours, with full recovery thereafter. Sensory deficit in the distribution area of saphenous nerve was present one month after the procedure.

Results The patient was highly satisfied with postoperative pain control with no need for additional analgesics, but concerned about persisting tingling sensation. She declined proposed multimodal treatment for neuropathic pain with calcium channel antagonist pregabalin, and agreed to therapy with NSAID and vitamin B supplements. Further evaluation of eventual prolonged neuropathy, including NMR and nerve conduction studies, was discussed with patient.

Conclusions Dexamethasone prolongs the effect of local anaesthetic when used as an adjuvant. In our case, the duration of motor and sensory block was longer than expected. Complications related to peripheral nerve blocks may go undiagnosed until the first postoperative control. Neural lesions related to peripheral nerve blocks usually resolve within 4 – 7 weeks and over 99% by one year.

178 WALANT TECHNIQUE IMPROVES THE EFFICIENCY OF DISTAL NERVE BLOCKS FOR CARPAL TUNNEL RELEASE

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10.1136/rapm-2021-ESRA.178

Background and Aims Axillary block is the standard for carpal tunnel release (CTR), providing good anesthesia and tolerance of tourniquet. Distal blocks, efficient and preventing motor block, are less used due to a poor tolerance of tourniquet (1). This study was designed to assess the benefits of the addition of a tumescent local anesthesia (WALANT: Wide Awake Local Anesthesia No Tourniquet) to distal blocks during CTR.

Methods After approval of the Ethics Committee and written informed consent, 30 patients scheduled for CTR were enrolled in this prospective, randomized, open-label study.

Distal blocks (median – ulnar – lateral cutaneous nerve of forearm) were performed under ultrasound with Ropivacaine 0.375% (5–7 ml) (TOURNIQUET and WALANT groups). In WALANT, an additional infiltration of 7 ml lidocaine and epinephrine was performed in the area of

Abstract 178 Table 1 Patient characteristics

	CONTROL (n=15)	WALANT (n=15)
Demographics		
Male, n (%)	8 (53%)	6 (40%)
Female, n (%)	7 (47%)	9 (60%)
Age, yr	59.5 ± 14.5	55.6 ± 13.2
BMI kg/m ²	26.4 ± 4.5	27.2 ± 6
Medical history		
ASA score	2 [1-3]	2 [1-2]
Diabetes, n (%)	2 (13%)	1 (7%)
Peripheral neuropathy, n (%)	0 (0%)	1 (7%)
Arteriopathy, n (%)	3 (20%)	0 (7%)

Abstract 178 Table 2 Trial outcomes

	TOURNIQUET (n=15)	WALANT (n=15)	p value
Pain Score	2.6 ± 0.9	1.6 ± 0.87	0.007
Visualization NRS	5 [5-5]	4 [4-5]	0.002
Patient satisfaction	10 [9-10]	10 [10-10]	0.2
Surgery duration, min	5 [4-5]	5 [3-5]	0.8
Need for sedation, n(%)	4 (27%)	0 (0%)	0.03

CPP - Ile-de-France VI Groupe Hospitalier Pitié-Salpêtrière

Projet de recherche enregistré
Sous le n° 55-28 HPS Cat. 2
Dossier n° 20.04.05.42929
ID RCB : 2020-A00872-J7

A Paris, le 9 juillet 2020

Le comité a été saisi le : 10 juin 2019

d'une demande d'avis pour le projet de recherche intitulé :

« Intérêt de l'association d'une technique WALANT (Wide Awake Local Anaesthesia No Tourniquet) aux blocs tronculaires du poignet pour la chirurgie du canal carpien - Protocole WALA »

.. Protocole WALA du 29/6/20

.. Note d'information et formulaire de consentement du 4/5/20

.. Liste des investigateurs du 4/5/20

dont le promoteur est : CMC Anesthésie Paris

dont le coordinateur est : Docteur Frédéric LE SACHE

Le comité a examiné les informations relatives à ce projet lors de sa séance du :

8 juillet 2020

André BELLESŒUR - Oncologue (S)
Kevin BÉHAN - Pharmacien hospitalier (S)
Nathalie BÉRON - Thérapeute (T)
Laurent CAPPELLE - Neurochirurgien (T)
Christophe DEMONFAUCON - Représentant des associations agréées de malades (T)
Michèle DENANCE - Représentante des associations agréées d'usagers du système de santé (S)
Jacqueline DUNO - Qualifiée en matière juridique (S)
Marie-Hélène FIEVET - Pharmacien hospitalier (T)
Marie GICQUEL-BONADE - Travailleur social (T)
Clotilde GRQUEL - Qualifiée en matière juridique (S)
Christine GOURDON - Qualifiée en matière juridique (S)
Christiane LOOTENS - Représentante des associations agréées de malades (S)
Marie-Cécile MASURE - Psychologue hospitalier (T)
Michèle MEUNIER-ROTTVAL - Chercheur en génétique (T)
Thang NGUYEN - Médecin généraliste (T)
Sophie TEZENAS DU MONTCEL - Biostatisticien (T)
Mariusz TOMCZYK - Qualifiée en matière éthique (S)

LE COMITÉ A ADOPTÉ LA DÉLIBÉRATION SUIVANTE : **AVIS FAVORABLE**

Motivation : Le comité a estimé que le rapport bénéfice/risque est acceptable pour les sujets participant à la recherche.

.. Conformément à l'article R. 1123-26 du code de la santé publique, le présent avis devient caduc si la recherche n'a pas débuté dans un délai de deux ans.

Le Président du CPP
Professeur Nathalie BÉRON

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Abstract 178 Figure 1

surgery (= local hemostasis). In TOURNIQUET, a high arm tourniquet was used. Pain score, patient satisfaction, quality of endoscopic surgical procedure (visualization), need of rescue tourniquet in WALANT, efficiency, rate of complications were noted.

Results Demographic data are presented in table 1. WALANT significantly reduced pain score and the use of sedation. Even if the quality of visualization was high in both groups, it was better in TOURNIQUET (table 2). No rescue tourniquet was necessary in WALANT. The rate of hematoma 15 days post-

surgery was higher in TOURNIQUET. No other adverse event was observed.

Conclusions Addition of WALANT to distal blocks is adapted for CTR. WALANT improves the comfort of the patient and the quality of anesthesia and provides good surgery conditions.

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EFFECT OF INTERSCALENE BLOCK VERSUS ANTERIOR SUPRASCAPULAR NERVE BLOCK ON INTRAOPERATIVE AND PACU ANALGESIA REQUIREMENTS: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Background and Aims The anterior suprascapular block (ASSB) is a recently described regional anaesthesia technique for non-arthroplasty shoulder surgery. This systematic review and meta-analysis compared the early analgesic efficacy of the ASSB to the interscalene nerve block (ISB) in patients presenting for non-arthroplasty shoulder surgery.

Methods After performing a systematic review, randomised control trials comparing ISB and ASSB performed for ambulatory or arthroscopic surgery were included for analysis. Only randomised controlled trials of arthroscopic shoulder surgery comparing ASSB versus ISB were included. Analgesia consumption intraoperatively and in PACU were assessed. Meta-analysis was performed using a random effects model. The GRADEpro tool was used to determine certainty outcome results.

Results A total of six studies were eligible for evaluation in this systematic review and meta-analysis. All six studies examined the effect on opioid consumption, demonstrating no statistically significant differences between studies. Four studies measured intraoperative opioid use with heterogenous, non-significantly different results (MD=0.26 mg; 95%I=-0.86 to 1.38 mg; I²=77%; p=0.65; moderate certainty). Similarly, with heterogeneity there was no difference in opioid requirements in PACU (MD=0.74; 95%CI=-0.18 to 1.66 mg; I²=60%; p=0.11; moderate certainty).

Conclusions The analgesia requirements when using anterior suprascapular block in ambulatory or arthroscopic shoulder surgery showed no significant difference to interscalene block for opioid use intraoperatively and in PACU.

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ERECTOR SPINAE PLANE BLOCK FOR TRAM – ON THE WAY TO ERAS?

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Background and Aims Erector spinae plane block (ESPB) is a newly described interfascial block, consisting in injection of local anesthetic in plane between transverse process and erector spinae muscles. It has emerged as a good alternative for analgesia of entire hemithorax.