

Abstract 178 Table 2 Trial outcomes

| | TOURNIQUET (n=16) | WALANT (n=16) | 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 A Paris, le 9 juillet 2020

Sous le n° 55-28 HPS Cat. 2

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ID RCB : 2020-A00872-37

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 Anesthesia 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 BRON - Thérapeute (T)
Laurent CAPPELLE - Neurochirurgien (T)
Christophe DEMONFALCON - 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 GOUDON - Qualifiée en matière juridique (S)
Christiane LOOTÈNS - 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)
Maryna 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
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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.

179 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.

180 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.