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.

**Abstract 178 Table 2**

<table>
<thead>
<tr>
<th>Trial outcomes</th>
<th>TOURNIQUET (n=18)</th>
<th>WALANT (n=18)</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain Score</td>
<td>2.6 ± 0.9</td>
<td>1.8 ± 0.7</td>
<td>0.007</td>
</tr>
<tr>
<td>Visualization</td>
<td>5 [4-6]</td>
<td>4 [3-5]</td>
<td>0.000</td>
</tr>
<tr>
<td>Patient satisfaction</td>
<td>10 [9-10]</td>
<td>10 [10-10]</td>
<td>0.2</td>
</tr>
<tr>
<td>Surgery duration, min</td>
<td>5 [4-5]</td>
<td>3 [2-4]</td>
<td>0.03</td>
</tr>
<tr>
<td>Need for sedation, (%)</td>
<td>4 (27%)</td>
<td>0 (0%)</td>
<td></td>
</tr>
</tbody>
</table>

**Abstract 178 Figure 1**

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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10.1136/ramp-2021-ESRA.179

**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%CI=−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.

**Abstracts**


**Abstract 178**

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