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 — A Paris, le 9 juillet 2020
Sous le n° 55-20 HPS Cat. 2
Dossier n° 20.06.05.62929
ID RCB : 2020-A00872-37

Le comité a été saisi le : 10 juin 2020

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 Ambroise Paré**

dont la coordinatrice est : **Docteur Frédéric LE SACHE**

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

8 juillet 2020

Audrey BELLESOEUR - Oncologue (S)
Kevin BIHAN - Pharmacien hospitalier (S)
Nathalie BIRON - Thérapeute (T)
Laurent CAPELLE - Neurochirurgien (T)
Christophe DEMONFAUCON - Représentant des associations agréées de malades (T)
Micheline 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-BENADE - Travailleur social (T)
Clot GIQUEL - Qualifiée en matière juridique (S)
Clarisse GOUDIN - Qualifiée en matière juridique (S)
Christiane LOOTENS - Représentante des associations agréées de malades (S)
Marie-Cécile MASURE - Psychologue hospitalier (T)
Michèle MEUNIER-ROTIVAL - Chercheur en génétique (T)
Thang NGUYEN - Médecin généraliste (T)
Sophie TEZENAS DU MONTCEL - Biostatisticien (T)
Maryna TOMCZYK - Qualifiée en matière éthique (S)

LE COMITE A ADOPTE LA DELIBERATION 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 caduque si la recherche n'a pas débuté dans un délai de deux ans.

Le Président du CPP
Professeur Nathalie BIRON

CPP IDF VI 47, Boulevard de l'Hôpital 75013 PARIS
Tél : 01 42 16 16 83 Fax : 01 42 16 27 05

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

[1]K Davis*, [1]D Reardon, [2]G Velli, [3]M Bright, [1]L White. *[1]Department of Anaesthesia and Perioperative Medicine, Sunshine Coast Hospital and Health Service, Birtinya, Australia; [2]Library and Knowledge Centre, Princess Alexandra Hospital, Brisbane, Australia; [3]Department of Anesthetics, Princess Alexandra Hospital and Faculty of Medicine, The University of Queensland, Brisbane, Australia*

10.1136/rapm-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%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?

[1]LA Montenegro Ledo, [1]AR Santos Almeida Silva*, [1]TR Alves Martins, [2]I Rodrigues, [3]HM Cunha Gomes Santos, [1]EC Pereira. *[1]Hospital Garcia de Orta, Almada, Portugal; [2]Centro Hospitalar Universitário Lisboa Norte, Lisboa, Portugal; [3]Hospital CUF Tejo, Lisboa, Portugal*

10.1136/rapm-2021-ESRA.180

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.

TRAM flap reconstruction is traditionally associated of severe pain, requiring opioid analgesia, with all known side effects.

This case reports an opioid-free anesthesia for TRAM flap reconstruction, using ESPB.

Methods Female, 53-years, ASA III, with hypertension, obesity and SAOS, admitted for TRAM flap reconstruction.

Bilateral ESPB was performed, under ultrasound guidance. It was injected 25 ml of ropivacaine 0,375% (2.6 mg/kg) and dexamethasone 4 mg on each side, at T4 level.

Under ASA standard and invasive blood pressure monitoring, a totally intravenous general anesthesia was maintained with propofol and ketamine.

Acetaminophen and ketorolac were administered 30 minutes before end of surgery. No complications recorded during intra-operative period and patient emerged comfortable from anesthesia.

Results On PACU, patient remained comfortable with maximum pain of 1/10 on NRS, without need of additional analgesics.

Postoperative analgesia consisted of acetaminophen and ketorolac every 8 hours and, during first 2 days, the worst pain recorded was 3/10, without need of opioid analgesia.

No complications of the ESPB was recorded and patient was discharge home after 4 days.

Conclusions ESPB is useful, easy and fast strategy that may be used as a valuable adjunct for postoperative analgesia in TRAM flap reconstruction, which pose a challenge in pain control.

Moreover, it offers an advantage in terms of reducing opioid requirements contributing for enhanced recovery.

181 THE APPLICATION OF A COMBINATION OF INTERSCALENE AND PARAVERTEBRAL BLOCKS IN A PATIENT WITH A PATHOLOGICAL HUMERUS FRACTURE: A CASE REPORT

[1]M Župčić*, [2]S Graf Zupcic, [3,4]T Simurina, [5]V Duzel, [6]S Barisin, [7]D Tonković. *[1]Clinical Hospital Centre Rijeka, Clinic of Anesthesiology and Intensive Care Medicine, University of Rijeka, Faculty of Medicine, Rijeka, Croatia; [2]University of Rijeka, Faculty of Medicine, Hospital Centre Rijeka, Clinic of Neurology, Rijeka, Croatia; [3]J. J. Strossmayer University, Faculty of Medicine Osijek, General Hospital Zadar, Department of Anesthesiology and Intensive Care Medicine, Zadar, Croatia; [4]University of Zadar, Department of Health Studies, Zadar, Croatia; [5]Fiona Stanley Hospital, Department of Anesthesiology, Perth, Australia; [6]Clinical Hospital Dubrava, Clinic of Anesthesiology and Intensive Care Medicine, J. J. Strossmayer University, Faculty of Medicine, Zagreb, Croatia; [7]School of Medicine, University of Zagreb, Clinical Hospital Centre Zagreb, Clinic of Anesthesiology, Reanimatology and Intensive Care Medicine, Zagreb, Croatia*

10.1136/rapm-2021-ESRA.181

Background and Aims Most amputation procedures at the shoulder joint, on patients suffering from pathological humerus fractures are performed under general anesthesia.Here we show a case of an American Society of Anesthesiologists classification (ASA) III patient, scheduled for amputation of the humerus, at the shoulder joint. Due to a high risk procedure under general anesthesia, we decided to apply interscalene and paravertebral blocks along with intravenous sedation.

Methods A 55-year-old male, ASA III patient, was scheduled for amputation of his right humerus. The patient had a history of bladder cancer with multiple metastases on the lungs, lymph nodes and bones. He also suffered from a pathological fracture of left humerus, with presence of left-hand cellulitis. During preparation for surgery, an invasive blood pressure measurement was set up, while the interscalene and paravertebral spaces were identified using a nerve-stimulating needle and a linear ultrasound probe of 8 and 12 Hertz. An anesthetic solution of 0.5% levobupivacaine was applied at Thoracic (Th) 2 and Th3 levels (5 milliliters per level) and to the brachial plexus (20 milliliters). We used 1% lidocaine for skin infiltration and sedation was performed with a continuous infusion of 1% propofol.

Results Sensory blockade occurred after 18 minutes and lasted for about 16 hours in the shoulder and 10 hours in the axilla region, with stable hemodynamic parameters and no perioperative complications.

Conclusions Such precise administration of small doses of long-acting local anesthetic at multiple levels has resulted in a satisfactory anesthesia and analgesia without hemodynamic and respiratory complications.

182 A RETROSPECTIVE COHORT STUDY OF BRACHIAL PLEXUS BLOCKS IN VASCULAR SURGERIES FOR HEMODIALYSIS ACCESS OF KIDNEY PATIENTS IN A TERTIARY CARE CENTER (2016–2019)

A Rosales*, N Aypa. *Makati Medical Center, Makati, Philippines*

10.1136/rapm-2021-ESRA.182

Background and Aims Brachial plexus blocks (BPB) have been used to provide surgical anesthesia in vascular procedures. Regional anesthesiologists must correlate technique with the procedure to establish protocols in performing peripheral nerve blocks in renal patients for hemodialysis. The primary objective of this study is to describe relationship between BPB used and the type of surgery done for hemodialysis access.

MMC
MAKATI MEDICAL CENTER
INSTITUTIONAL REVIEW BOARD

CERTIFICATE OF APPROVAL

Protocol Title	A Retrospective Cohort Study on Interscalene, Supraclavicular, Infraclavicular and Axillary Brachial Plexus Blocks in Upper Extremity Vascular Surgeries for Hemodialysis Access of Chronic Kidney Disease Patients at The Makati Medical Center from 2016 to 2019		
Protocol Version No. and Date	Version 1.2, dated 22 March 2021		
Principal Investigator	AILEEN L. ROSALES, M.D., DPBA		
Co-Investigator	NOEL S. AYPA, M.D., DPBA, FPSA, EDRA		
Date of Initial Submission	JAN/11/2021	IRB Protocol Number	MMCIRB 2021-003
Sponsor	Not Applicable	Sponsor's Protocol No.	Not Applicable

List of Documents Approved:

1. Protocol
   ref: Version 1.2, dated 22 March 2021
2. Dummy Tables
   ref: dated 22 March 2021
3. Data Collection Tool
   ref: dated 22 March 2021
4. Gantt Chart
   ref: dated 22 March 2021
5. Budget
   ref: dated 22 March 2021
6. Curriculum Vitae and Good Clinical Practice of:
   a. AILEEN L. ROSALES, M.D., DPBA
   b. NOEL S. AYPA, M.D., DPBA, FPSA, EDRA

Other Document(s) Filed:

1. Protocol

Abstract 182 Figure 1