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

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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)

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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.

MAKATI MEDICAL CENTER
INSTITUTIONAL REVIEW BOARD

CERTIFICATE OF APPROVAL

Protocol Title A Retrospective Cohort Study on Interscalene, Suprascapular, 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 ALEEN L. ROSALES, M.D., DPBA			
Co-Investigator NOEL S. AYPAN, M.D., DPBA, FPBA, EDRA			
Date of IRB Submission JAN15/2021	IRB Protocol Number MMAIRB 2021-003		
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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. Consent Chart ref. dated 22 March 2021 5. Budget ref. dated 22 March 2021 6. Curriculum Vitae and Good Clinical Practice of: a. ALEEN L. ROSALES, M.D., DPBA b. NOEL S. AYPAN, M.D., DPBA, FPBA, EDRA			
Other Document(s) Filed: 1. Protocol			

Abstract 182 Figure 1

Abstract 182 Figure 2

Conclusions Axillary, infraclavicular and supraclavicular BPB are appropriate in procedures involving the wrist, distal arm and elbow (i.e., AV fistula creation). In procedures involving the arm such as AV graft creation and thrombectomy, infraclavicular, supraclavicular and interscalene BPB may be utilized.

A CASE REPORT OF ERECTOR SPINAE PLANE BLOCK WITH CONTINUOUS INFUSION FOR MULTIPLE RIB FRACTURES

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Results Prior to the ESP block the patient had required 44 PCA doses in 24 hrs, afterwards he required 10 doses in 24 hrs. Pain scores improved from a baseline level of 8/10 with episodes of 10/10 prior to block, to a baseline level of 0/10 with episodes of 2/10 afterwards. Prior to ESP block he was unable to use the incentive spirometer due to pain, the following day he was able to use the incentive spirometer without any pain (figure 2).

Conclusions The ESP block both reduced the patients pain symptoms and improved his respiratory function. The patient much preferred the ESP block to the PCA he had been using before. ESP block is a useful tool in the management of pain from rib fractures.