Methods This was a retrospective, analytical, observational, cohort type of study conducted through chart review of kidney patients at a tertiary care center approved by the IRB (Protocol Number 2021-003).

Results A total of 355 patients were included in this study where the median age was 64 years old. More than half of the cohort (57.18%) was male. Most of the subjects (93%) were classified as ASA category III. The most common surgical procedure for securing vascular access was arteriovenous fistula creation (39.72%) while the most common BPB performed was axillary approach (59.15%), followed by supraclavicular approach (19.44%), infraclavicular approach (14.93%) and interscalene approach (6.48%).

All four techniques recorded no incidence of inadequate block and only low incidence for need of rescue pain medication for infraclavicular (0.47, 95% CI: 0–10.01) and axillary (0.47, 95% CI: 0–2.62) blocks. This resulted to a low overall incidence of need of rescue pain medication at 0.56, 95% CI: 0–2.02.

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.

Abstract 182 Figure 2

Methods This was a retrospective, analytical, observational, cohort type of study conducted through chart review of kidney patients at a tertiary care center approved by the IRB (Protocol Number 2021-003).

Results A total of 355 patients were included in this study where the median age was 64 years old. More than half of the cohort (57.18%) was male. Most of the subjects (93%) were classified as ASA category III. The most common surgical procedure for securing vascular access was arteriovenous fistula creation (39.72%) while the most common BPB performed was axillary approach (59.15%), followed by supraclavicular approach (19.44%), infraclavicular approach (14.93%) and interscalene approach (6.48%).

All four techniques recorded no incidence of inadequate block and only low incidence for need of rescue pain medication for infraclavicular (0.47, 95% CI: 0–10.01) and axillary (0.47, 95% CI: 0–2.62) blocks. This resulted to a low overall incidence of need of rescue pain medication at 0.56, 95% CI: 0–2.02.

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.

Abstract 183 Figure 1

Abstract 183 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.

Abstract 183 Figure 2