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.