### 184 ANALYSIS OF ULTRASOUND GUIDED PERIPHERAL NERVE BLOCKS FOR POSTOPERATIVE ANALGESIA IN ARTHROSCOPIC SHOULDER SURGERY

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10.1136/rapm-2021-ESRA.184

Background and Aims Effective postoperative analgesia is required for patients to recover quickly and begin rehabilitation. In the literature; although there are different dose and volume studies in interscalene block for pain control, there are studies on alternative block types (1, 2). We aimed to investigate retrospectively the frequency of application of interscalene and suprascapular, the blocks we use in routine

## Abstract 184 Table 1

		Grup I			Grup II				
		Mear	n±sd /n-%	Median	Mear	n±sd /n-%	Median	- р	
Age		53.0	± 12.7	55.5	51.7	± 14.0	55.0	0.842	
Gender	Female	6	50.0%		4	66.7%		0.502	
	Male	6	50.0%		2	33.3%			
Weight		81.3	± 12.8	80.0	81.0	± 10.9	78.5	0.957	
Height		1.66	± 0.07	1.65	1.67	± 0.06	1.68	0.656	
BMI		29.7	± 4.4	29.9	29.2	± 5.2	28.9	0.833	
ASA Score	1	1	8.3%		1	16.7%			
	11	10	83.3%		5	83.3%		1.000	
	111	1	8.3%		0	0.0%			
Patient Satisfaction Score		8.50	± 1.68	9.00	8.67	± 1.51	9.00	0.808	
Duration Of Surgery		200.0	± 44.8	200.0	180.2	± 75.2	180.0	0.490	
Duration Of Anesthesia		220.8	± 46.4	220.0	203.3	± 68.5	200.0	0.528	
Complication	(-)	11	91.7%		6	100.0%		1.000	
	(+)	1	8.3%		0	0.0%		1.000	

## Abstract 184 Table 2

	Grup I			Grup II			
	Mean	±sd /n-%	Median	Meant	sd /n-%	Median	p
VAS Rest							
30.Minute	0.33	± 0.65	0.00	0.17 ±	0.41	0.00	0.651
2 Hours	0.92	± 1.24	0.00	0.17 ±	0.41	0.00	0.219
4 Hours	1.42	± 1.44	1.50	1.00 ±	1.67	0.00	0.481
6 Hours	2.18	± 2.14	2.00	1.17 ±	1.47	0.50	0.322
8 Hours	2.33	± 2.53	1.50	2.00 ±	2.10	1.50	0.924
10 Hours	3.33	± 3.58	2.50	2.83 ±	2.32	3.50	0.962
12 Hours	2.83	± 2.72	2.00	2.17 ±	2.04	2.00	0.704
24 Hours	4.25	± 3.31	4.00	2.83 ±	2.99	2.00	0.395
VAS Motion							
30.Minute	0.67	± 1.37	0.00	0.17 ±	0.41	0.00	0.607
2 Hours	0.75	± 1.54	0.00	$1.33 \pm$	1.97	0.50	0.315
4 Hours	1.42	± 1.44	1.50	2.00 ±	1.67	2.50	0.435
6 Hours	2.58	± 2.50	2.00	1.67 ±	1.51	2.00	0.388
8 Hours	2.58	± 2.61	2.00	3.00 ±	2.83	2.50	0.775
10 Hours	3.25	± 3.82	1.00	4.17 ±	3.43	5.50	0.810
12 Hours	3.92	± 2.87	3.50	3.33 ±	2.80	4.00	0.603
24 Hours	6.00	± 2.17	6.00	4.33 ±	3.14	3.50	0.201
Nause							
30.Minute	5	41.7%		0	0.0%		0.114
2 Hours	5	41.7%		1	16.7%		0.600
4 Hours	2	16.7%		1	16.7%		1.000
6 Hours	3	25.0%		2	33.3%		1.000
8 Hours	2	16.7%		2	33.3%		0.569
10 Hours	1	8.3%		0	0.0%		1.000
12 Hours	2	16.7%		0	0.0%		0.529
24 Hours	2	16.7%		ō	0.0%		0.529
Vomiting					4.4.4		0.040
30. Minute	2	16.7%		0	0.0%		0.529
2 Hours	3	25.0%		ō	0.0%		0.515
4 Hours	1	8.3%		1	16.7%		1.000
6 Hours	2	16.7%		1	16.7%		1.000
8 Hours	2	16.7%		ò	0.0%		0.529

# Abstract 184 Table 3

	_	Grup I		Grup II		- p
		n	%	n	%	P
Rescue Analgesia						
30. Minute	(-)	12	100.0%	6	100.0%	1.000
30. Milliobe	(+)	0	0.0%	0	0.0%	
	(•)	12	100.0%	5	83.3%	0.333
2 Hours	(+)	0	0.0%	1	16.7%	
	Tramadol	0	0.0%	1	16.7%	
	(•)	9	75.0%	6	100.0%	0.515
4 Hours	(+)	3	25.0%	0	0.0%	
	Paracetamol	3	25.0%	0	0.0%	
	(•)	9	75.0%	6	100.0%	
	(+)	3	25.0%	0	0.0%	0.515
6 Hours	Paracetamol	1	8.3%	0	0.0%	
	Tramadol	1	8.3%	0	0.0%	
	Dexketoprofen	1	8.3%	0	0.0%	
	(•)	10	83.3%	4	66.7%	0.569
8 Hours	(+)	2	16.7%	2	33.3%	
a mours	Paracetamol	1	8.3%	0	0.0%	
	Dexketoprofen	1	8.3%	2	33.3%	
	(-)	9	75.0%	3	50.0%	0.344
10 Hours	(+)	3	25.0%	3	50.0%	
TO LIVERS	Paracetamol	1	8.3%	1	16.7%	
	Dexketoprofen	2	16.7%	2	33.3%	
	(-)	10	83.3%	6	100.0%	0.529
12 Hours	(+)	2	16.7%	0	0.0%	
AL HOURS	Paracetamol	1	8.3%	0	0.0%	
	Tramadol	1	8.3%	0	0.0%	
	(-)	4	33.3%	3	50.0%	0.627
	(+)	8	66.7%	6	100.0%	
24 Hours	Paracetamol	2	16.7%	2	33.3%	
	Tramadol	1	8.3%	0	0.0%	
	Dexketoprofen	5	41.7%	1	16.7%	

practice, analgesia consumption in the postoperative period and complications.

Methods After the approval of the ethics committee, the files of the patients who underwent arthroscopic shoulder surgery between 01.01.2019 and 01.03.2020 were evaluated retrospectively.

Results 18 of 40 patients were included in the study.Interscalene block (group I) with 15 ml of 0.5% bupivacaine was applied with a single injection to 12 of 18 patients, while 7.5 ml of interscalene and 7.5 ml of suprascapular block (group II) were applied to 6 patients with a posterior approach.No significant difference was found in age, gender, BMI, ASA score distribution, patient satisfaction score, duration of surgery and anesthesia, and complication rate, 30th minute, 2nd, 4th, 6th, 8th, 10th, 12th, 24th hour VAS resting score, VAS movement score, nausea and vomiting rate(table 1, 2, 3). Hypoesthesia in the temporoauricular region was defined 24 hours after the operation, but it was decided that it was due to the beach chair position, and it gradually decreased in the follow-up and improved in 1 week.

Conclusions Since the inability to detect any superiority between the groups may be due to the insufficient number of cases, it should be supported by a prospective study.

### 185 SAFETY AND EFFICACY OF REGIONAL ANESTHESIA ALONE FOR PATIENTS UNDERGOING BREAST SURGERY; A QUALITATIVE REVIEW

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10.1136/rapm-2021-ESRA.185

Background and Aims Breast cancer and subsequent breast surgery is prevalent in North America. General anesthesia (GA) is