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. We aimed to investigate retrospectively the frequency of application of interscalene and suprascapular blocks we use in routine 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.
Abstracts

186 CLAVIPECTORAL FASCIAL PLANE BLOCK AND SUPRACLAVICULAR NERVE BLOCK FOR REMOVAL OF OSTEOSYNTHESIS MATERIAL FROM A CLAVICLE FRACTURE. WHY NOT?
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Background and Aims Clavipectoral Fascial Plane Block (CPB) is most commonly used as an anesthesia and postoperative analgesia technique to clavicle fracture surgery. It consists in a local anesthetic injection under the clavipectoral fascia. The Supraclavicular Nerve from the Superficial Cervical Plexus is responsible for the sensory innervation of the skin that covers the clavicle, shoulder and superior region of the chest, It’s blockage should complement the CPB.

Methods A 25-year-old male patient, ASA I, (weight 70 Kg, height 184cm) who underwent right clavicle fracture surgery under general anesthesia, was now scheduled for osteosynthesis material removal.

After obtaining informed consent to perform surgery under regional anesthesia, we performed an ultrasound-guided supraclavicular nerve block (SCB) and CPB with a total of 25 mL of local anesthetic (12.5 mL Ropivacaine 0.75% and 12.5 mL of Mepivacaine 2%), 5 and 20 ml were administered respectively. The CPB was performed with two needle punctures one at each side of the osteosynthesis material.

Results A satisfactory peripheral nerve block was achieved, and no complications were found. The patient remained calm and hemodynamically stable throughout the entire procedure.

Conclusions The combination of the CPB with the SCB is a safe and easy to perform procedure. It allows risk reduction of phrenic nerve block as well as prevention of upper limb paralysis, when compared to brachial plexus block at the interscalene level. Other benefits are general anesthesia adverse effects avoidance, such as nausea and vomiting, sore throat, as well as airway manipulation.

187 FEMORAL BRANCH BLOCK OF GENITOFEMORAL NERVE FOR FEMORAL ENDARTERECTOMY: A CASE REPORT
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Background and Aims Patients undergoing lower extremity vascular surgery are often at high risk for perioperative complications. We report a case of a high risk patient who underwent common femoral endarterectomy anesthetized by ultrasound guided femoral branch block of genitofemoral nerve (FBG) plus intravenous sedation.

Methods A 64 years old female patient was scheduled for common femoral endarterectomy and patch angioplasty. She had a history of congestive heart failure after myocardial infarction and chronic obstructive pulmonary disease. She was on dialysis three times a week, had echinococcal cyst in left lung, suffering from diabetic foot and was admitted to the hospital multiple times due to deregulated CHF. She was considered as high risk patient for general anesthesia. Her international normalized ratio (INR) was 1.7 so neuraxial anesthesia was contraindicated.

The FBG nerve provides sensation to the skin of the femoral triangle and to the underlying tissues and vessels within the femoral sheath. FBG nerve block was performed as a single peripheral nerve block for surgical anesthesia plus sedation. Using Mindray M7 ultrasound machine and L14-6Ns Linear transducer, the needle was inserted in plane to the sheath and 15 ml of 0.5% ropivacaine was injected, as shown.

Results Adequate surgical anesthesia was achieved 30 min later. Extra local anesthesia was needed for the incision close...