to the inguinal ligament, plus remifentanyl infusion (0,02–0,04 µg/kg/min) for sedation. The operation lasted 2 hours and the total administration of fentanyl was 2 µg/kg during the procedure.

Conclusions FBG nerve block plus local anesthesia can be an alternative for femoral endarterectomy.

188 REGIONAL ANAESTHESIA SERVICE: POWER TO THE PATIENT

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Background and Aims Regional anaesthesia is an integral part of elective anaesthesia in modern hospitals and is almost obligatory now for certain orthopaedic and general surgical procedures. There is increasing requirements for efficiency on surgical lists in UK hospitals. Our regional service uses regional specialists and fellows to perform nerve blocks for patients before their surgical procedure and whilst the surgical list can concurrently progress. We aimed to discover if patient's satisfaction was also being met with this service.

Methods All patients who went through the regional anaesthesia service from 2017 to 2019 had a follow up SMS to their mobile phone after 48 hours. This just involved the patients clicking a link and answering 6 questions on their experience of the nerve block with a free text box for any comments on regional recommendations. Automated email alerts were sent if there was anything concerning.

Results As primary endpoints, 58% stated that the pain block gave relief as expected and only 16% stating it was shorter pain relief than expected. 26% stated it lasted longer.

59% stated they were extremely likely and 26% likely to recommend to family/friends.

A few of the negative comments involved pain on injection and long lasting motor block being uncomfortable and annoying.

Conclusions We have found that regional anaesthesia follow up is beneficial for patient safety, satisfaction and service

Abstract 188 Figure 1

Abstract 188 Figure 2

improvement. There was overall a very positive response to regional anaesthesia and this has allowed us to make a business case for resources and funding.

189 A CASE OF HORNER'S SYNDROME AFTER ULTRASSOM- GUIDED INTERSCALENE BRACHIAL PLEXUS BLOCK

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Background and Aims The brachial plexus innervates the upper limbs through roots from the cervical and thoracic nerves. Due to its anatomical location with proximity to other important nervous and vascular structures, which directly implies the occurrence of post-block complications. The purpose of this article is to review news evidence about the main complications of the interscalene brachial plexus block.

Methods Case report with bibliographic review of PUBMED with the descriptors 'interscalene block', without time limitation.

Results JFS patient, 61 years old, undergoes surgery to repair left rotator cuff injuries under interscalene brachial plexus block (Ropivacaine 0,5% 25 ml e Clonidine 75mcg) and sedation. Needle-guided ultrasound block Stimuplex® A50 (BBraun). The patient remained clinically stable throughout the procedure and was partially sedated to the recovery room.

When alert, the patient evolves with difficulties to communicate. On clinical examination, the patient presented hemodynamically stable with dysphonia and left eyelid ptosis. Kept under observation and after 24 hours the reported symptoms were no longer present.

Conclusions Horner's Syndrome (HS) is a set of signs and symptoms due to the blockade of the ipsilateral sympathetic pathway that innervates head, face and eye. Manifested with

the triad of ptosis, miosis and anhidrosis. In the current literature, the development of HS after interscalene brachial plexus block is 4 – 37.5%, depending on the block technique, distribution, volume and dilution of the local anesthetic, in continuous infusion or after a single injection. Data showed that the use of ultrasound and neurostimulator to perform the block can reduce the rate of HS.

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RESULTS OF COMBINED POPLITEAL AND SAPHENOUS NERVE BLOCK APPLICATIONS

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Background and Aims Peripheral nerve block techniques for extremity surgeries have gained increasing popularity and have been used often in recent years. With the help of this method, much more comfort can be provided without the need of general anesthesia. Successful surgery and postoperative analgesia can be obtained by detecting accurate anatomic localization, dermatome and myotomes.

Methods We studied 35 patients (27 male, 8 female) retrospectively, whom received combined sciatic popliteal and saphenous nerve block using peripheral nerve stimulator for lower extremity surgeries between 2018–2020. Diabetic patients were excluded from the study due to diabetic neuropathy. Patients were sedated with 1 mg midazolam before the blockage. Then, the sciatic nerve was localized by peripheral nerve stimulator and popliteal sciatic block was performed by 20 mL of 0.25% bupivacaine and 20 mL of 1% lidocaine. Saphenous vein blockage was performed by 5 mL of 2% lidocaine and 5 mL of 0.5% bupivacaine.

Results The mean blockage performing time was determined as 30 minutes. A tourniquet was applied above 5 cm at the ankle joint for all operations. Average tourniquet (bound) time was measured as 40 minutes. None of the patients needed additional anesthesia procedures. Significant intraoperative complications associated with the application were not observed in the postoperative period. Degree of the patients' post-operative pain was assessed using Visual Analogue Scale. Patients did not require narcotic analgesics in the early and late postoperative

Abstract 190 Figure 1

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A NEW MODIFIED TECHNIQUE OF COMBINED INTRAMUSCULAR QUADRATUM LUMBORUM BLOCK AND IT'S EFFECTIVENESS IN PEDIATRIC PATIENTS

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Background and Aims Regional anesthesia has a rapidly growing use in children over the recent two decades. An aim of our work is to suggest a new technique for quadratum lumborum block (QLB) and prove its efficacy compared to intravenous anesthesia in children.

Methods 44 children (12.6 ± 1.4 years) were included into the study. First group – 20 patients – received anesthesia by new QLB technique (figure 1) under ultrasound guidance with 0.5% bupivacaine hydrochloride.

20 children received a continuous fentanyl intravenous infusion. Efficacy of postoperative analgesia was assessed through the complex of different vital signs; pain intensity was assessed by the Observation Scale for Infants and Small Children (VAS). Ethics Committee approved the conduct of the study. Statistical analysis was performed by a variation statistics method using 'Statistica 5.5' soft and visualized through soft based on Python „Plotus XYZ'.

Results The average pain score according to VAS was significantly lower in patients of the first group in early postoperative period at all stages of the study (p < 0.05). The average heart rate was lower than 120 bpm in group 1 for the entire time of QLB. Parameters of central hemodynamics, arterial blood flow in superior mesenteric artery and glucose levels were also normal.

Abstract 191 Figure 1

Conclusions Obtained data shows, that proposed new QLB technique is more effective, when compared to standard intravenous anesthesia.