

197 DYNAMIC HIP SCREW SURGERY UNDER PERIPHERAL NERVE BLOCKADE ONLY

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Background and Aims We present the management of an elderly ASA 4 female with a left-sided fractured neck of femur. Comorbidities included stable angina, asthma and COPD. Acutely, a superimposed chest infection precipitated respiratory distress and hypoxaemia. Clopidogrel, stopped the day before, precluded neuraxial anaesthesia. The patient's Surgical Outcome Risk Tool score for mortality within 30 days was 15%. Following multi-disciplinary input, a decision to operate under regional anaesthesia was made.

Methods The femoral, obturator, lateral cutaneous femoral nerve and sciatic nerves were successfully blocked, and a dynamic hip screw was inserted with minimal risk to the patient. The patient followed an uncomplicated intraoperative course.

Results Post-operatively, the patient remained comfortable. Following a period of transnasal humidified rapid-insufflation ventilatory exchange in recovery and intensive care review, the patient was transferred to the ward under the joint care of the orthogeriatricians and orthopaedics. She remained comfortable on oral analgesics on review the following day.

Conclusions This case demonstrates that NOF surgery can be done under peripheral nerve blockade only. It is apparent to us that there may be several subsets of high risk patients in whom this strategy is preferable to central neuraxial blockade or general anaesthesia, and we expect this to become increasingly common in the future.

198 FASCIAL PLANE BLOCKS IN TOTAL ABDOMINAL HYSTERECTOMY: A SYSTEMATIC REVIEW AND NETWORK META-ANALYSIS

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Background and Aims Fascial plane blocks can provide effective analgesia for abdominal surgeries. However, different randomized controlled trials (RCTs) showed controversial results in total abdominal hysterectomy and there were limited data directly comparing the techniques. We conducted a network meta-analysis of RCTs to investigate the effectiveness of transversus abdominis plane (TAP) block, quadratus lumborum (QL) block and erector spine plane (ESP) block in patients with total abdominal hysterectomy.

Methods We searched PubMed, Embase, Cochrane Library, and CINAHL from inception to June 2021. Random-effects network meta-analyses were performed for comparing the fascial plane blocks. The primary outcome was 24 hours morphine equivalent consumption and the secondary outcome included time to first rescue analgesia, pain scores and rates of nausea and vomiting.

Results Eighteen studies were included in the current meta-analysis. Quality assessment revealed that only 11 of 18 RCTs

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	24h opioid consumption MD (95% CI)	Pain scores at rest at 24h MD (95% CI)	Incidence of nausea and vomiting Odds ratio (95% CI)
ESP block vs control	5.29 (-0.55, 11.13)	-0.2 (-1.41, 1.01)	6.46 (0.65, 64.12)
QL block vs control	9.58 (1.00, 18.15)	1.52 (0.74, 2.29)	3.24 (0.25, 42.46)
TAP block vs control	5.18 (1.68, 8.69)	0.78 (0.39, 1.18)	1.76 (0.79, 3.93)

had some concerns regarding overall risk of bias. The results showed quadratus lumborum block was the best intervention for morphine consumption reduction at 24 h and resting pain scores. Transversus abdominis plane block was also effective in reducing opiate consumption and resting pain scores. However, no techniques were associated with a reduced incidence of postoperative nausea and vomiting. TAP block subgroup analyses revealed that location and timing of plane block may impact the effectiveness of 24 h opioid consumption reduction.

Conclusions Fascial plane blocks are effective analgesic techniques in total abdominal hysterectomy. However, there are insufficient data for to draw definitive conclusions, further studies are required for QL and ESP blocks.

199 LESS INVASIVE, MORE EFFECTIVE: SINGLE PUNCTURE COMBINED LUMBAR PLEXUS AND TRANSMUSCULAR QUADRATUS LUMBORUM BLOCKS FOR LONG LASTING UNILATERAL VASCULAR SURGERY PROCEDURES IN FRAGILE PATIENTS

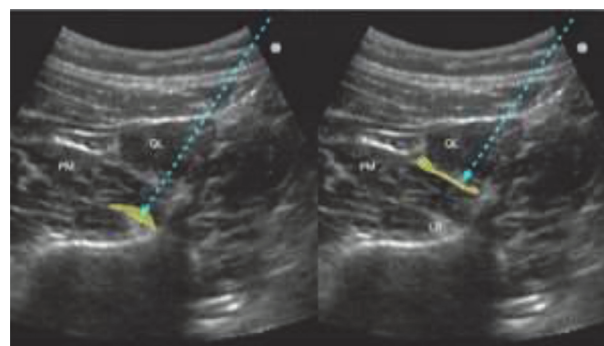
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Background and Aims Peripheral vascular surgery patients commonly present multiple diseases and receive anticoagulants or antiplatelet drugs. Nonetheless, revascularization procedures may last many hours. Thus the risk of a long-lasting general anesthesia may increase while neuraxial blocks may expose patients to an augmented risk of bleeding [1]. Peripheral blocks last longer and guarantee hemodynamic control but may not be adequate for procedures involving the iliac artery.

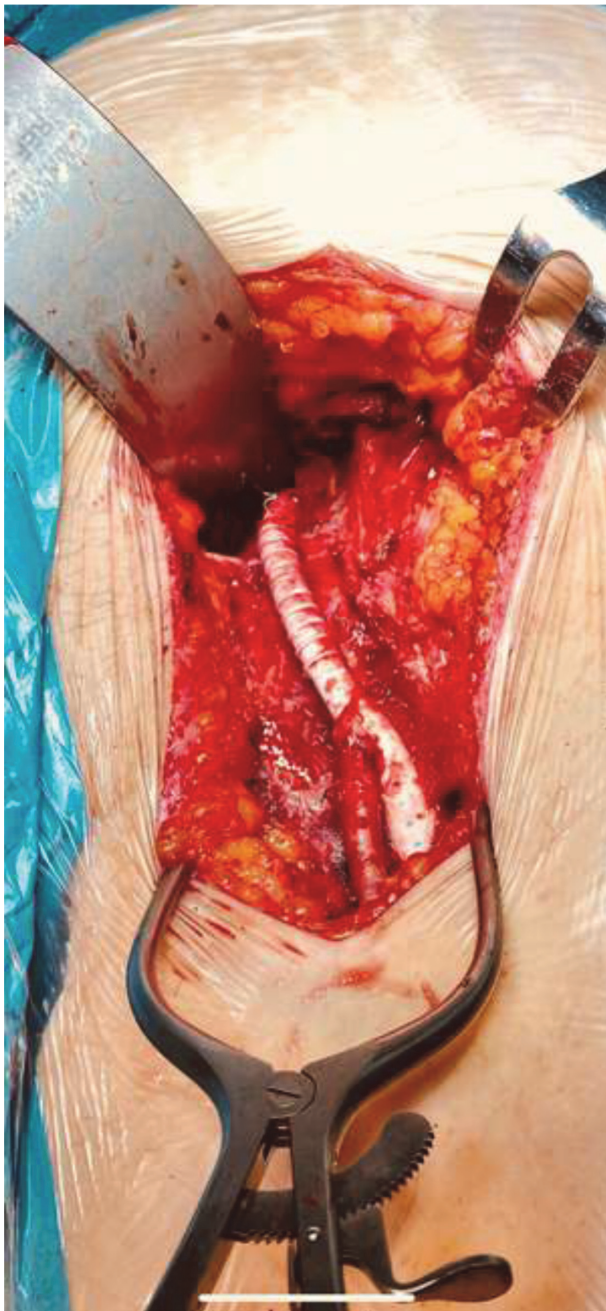
We present a case of a patient, who underwent revision of an iliac-femoral bypass under a combination of lumbar plexus and quadratus lumborum blocks.

Methods Female 70 y.o., ASA III. Chronic legs ischemia, diabetes, multiple bypass and left toe amputation,



Abstract 199 Figure 1

hypertension, blindness, ischemic cardiopathy, moderate aorta stenosis. Scheduled for revision of iliac-femoral bypass of the left leg, expected to last 3 to 6 hours. General anaesthesia and neuraxial anaesthesia weren't the best options, due to patient multimorbidity and aorta's stenosis. With patient's consent, we performed an ultrasound plus nerve stimulation guided lumbar plexus block with Shamrock approach [2] (Stimuplex ultra 360 – 100 mm – Bbraun) with 30 ml of 0,375% ropivacaine; subsequently the needle was retracted and further 20 ml of the same mixture were deposited in the plane between psoas and quadratus lumborum muscles. Weak sedation with propofol TCI 0,6 µg/ml was administered.



Abstract 199 Figure 2

Results Surgery was carried out in 4 hours with complete surgical anaesthesia and hemodynamic stability. After one hour in recovery room, patient was dismissed to the ward.

Conclusions Shamrock approach allowed the successful combination of lumbar plexus and transmuscular quadratus lumborum block

200 MOTOR SPARING NERVE BLOCKS FOR TOTAL KNEE ARTHROPLASTY (TKA)- IS IT WORTH THE EFFORT?

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Background and Aims Anaesthesia and post-operative analgesia for patients undergoing total knee arthroplasty (TKA) has evolved over the last 20 years. Our aim was to carry out a quality improvement project to assess the benefit of motor sparing nerve blocks which includes the IPACK and low femoral triangle blocks¹. We aimed to assess post-operative pain scores and analgesic requirements².

Methods We carried out a retrospective analysis of patients undergoing TKA including 46 patients after seeking approval from the local audit committee. We used medical notes to obtain patient characteristics, method of anaesthesia and analgesia provision, opiate consumption, and pain scores.

Results 100% of patients had a spinal anaesthetic with 1 patient requiring conversion to GA. 41% of patients had a combined IPACK and low femoral triangle block. The remainder received LAI by the surgeon. The mean request for first opiate dose was earlier by 20 min in the block group. Opiate consumption was significantly lower in the first 24 hours by 21 mg OME. 90% had no to mild pain at 24 hours in the block group compared to 63% in the LIA group. Pain scores at 48 hours were similar in both groups. A multimodal approach to analgesia was used for all patients.

Conclusions Motor sparing nerve blocks for patients undergoing TKA is beneficial in the first 24 hours with improved pain scores, reduced opiate consumption as well as surgeon satisfaction. We have implemented recommendations to add these to our ERAS pathway and aim to train anaesthetists in performing these blocks for all TKA patients.

201 'STOP BEFORE YOU BLOCK': RE-AUDIT OF COMPLIANCE AND BREAKING DOWN BARRIERS TO IMPLEMENTATION

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Background and Aims Stop Before You Block (SBYB)¹ is an established initiative to prevent wrong-sided regional anaesthesia (RA). Despite this, compliance with SBYB has been poor in our institution and a recent wrong-sided block ('A Never Event') prompted a re-audit of local processes.

Methods We prospectively examined all unilateral RA performed in a six-week period starting in May 2021. Data on SBYB compliance and risk factors for failing to SBYB were sought. An anonymous online survey was sent out to all anaesthetists regarding SBYB to collect qualitative opinion and