Conclusions Consistently, the ON displayed staining when employing a subpectineal approach, located caudal to the superior pubic ramus and cranial to the obturator external muscle, in close proximity to the obturator membrane.

OP051 EFFECT OF DEXAMETHASONE AS AN ADJUVANT TO BUPIVACAINE FOR ULTRASOUND- GUIDED AXILLARY PLEXUS BLOCK: A RANDOMIZED, DOUBLE-BLINDED PROSPECTIVE STUDY

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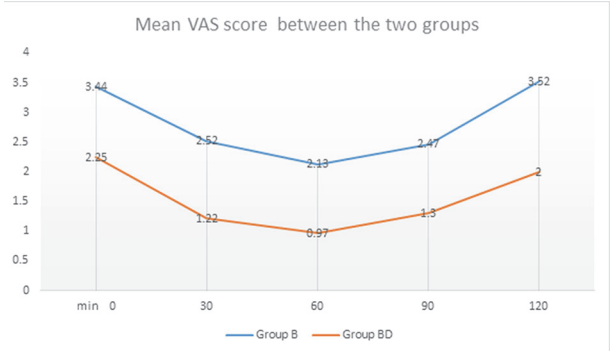
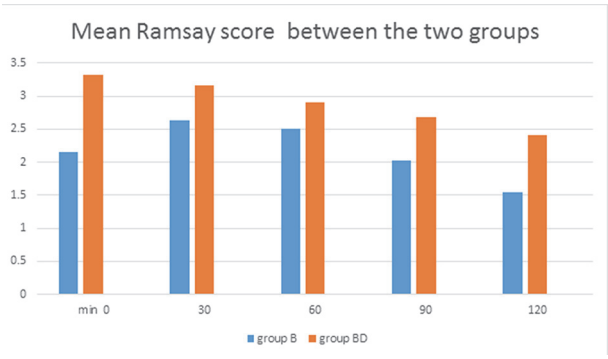
Background and Aims In this prospective study, the effect of adding dexamethasone to bupivacaine on the quality of axillary block under ultrasound guidance was evaluated

Methods 72 patients with ASA class I, II and over 18 years of age who are candidates for elective forearm surgery under axillary plexus block, in random blocks prepared from the computer system in two groups: group BD: 30 ml bupivacaine 0.25% with 2 ml dexamethasone (n=36) and group B: 30 ml bupivacaine 0.25% with 2 ml distilled water (n=36). To evaluate the level of sensory and motor block, respectively Pinprick test and Modified Bromage Scale were used, and VAS score and Ramsay score were used to evaluate pain intensity and degree of sedation, respectively. The collected data were analyzed through SPSS V.24 software and the significance level was also considered for P<0.05 values.



Abstract OP051 Figure 1 The mean changes in pain intensity according to the Visual Analogue Scale (VAS) after the axillary plexus block in group BD (bupivacaine 0.25% with dexamethasone) and group B (bupivacaine 0.25% with distilled water)



Abstract OP051 Figure 2 The mean changes in sedation degree according to the Ramsay Sedation Scale (RSS) after the axillary plexus block in group BD (bupivacaine 0.25% with dexamethasone) and group B (bupivacaine 0.25% with distilled water)

Results there was a statistically significant difference between the average sensory (P<0.0001) and motor (P<0.0001) onset time between the two groups, and it was shorter in group BD than in the group B. There was a statistically significant difference between the average duration of sensory and motor block (P<0.0001) and intensity of sensory block (P<0.0001) and motor (P=0.002) in the two groups. The changes in the degree of sedation in the studied time periods after the start of the block in the bubivacaine and dexamethasone group were more than in the group without dexamethasone (P<0.0001).

Conclusions Adding dexamethasone to bupivacaine is effective in prolonging the axillary block time and reducing pain after surgery

OP052 INTERTRANSVERSE PROCESS BLOCK AT THE RETRO-SCTL SPACE: EVALUATION OF INJECTATE SPREAD USING MRI AND SENSORY BLOCKADE IN HEALTHY VOLUNTEERS

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Background and Aims This study evaluated the spread of injectate and sensory blockade after an ultrasound-guided (USG) intertransverse process block (ITPB) at the retro superior costotransverse ligament (SCTL) space.

Methods After ethical approval and informed consent, 10 healthy volunteers received an USG ITPB at the retro-SCTL space (T4-T5 level), using a mixture of 10 ml 0.5% bupivacaine with 0.5 ml gadolinium. At 15 minutes, they underwent a T1-weighted MRI of the thorax. Loss of sensation to cold