

**Results** 20 patients received PNB with LB. FICB was performed in 100% along with PENG block in 40%. Pain scores across the first 96 hours post-PNB are displayed in figure 1. During the hospital course, 40% of patients required opioid prior to PNB, and thereafter it had been reduced to 5%, 15%, 0% 15% and 15% in consecutive day 0 to 5. Neither of them were required antiemetics nor limited mobility due to pain on within first 24 hours.

**Conclusions** PNB with LB may be beneficial in vulnerable patients with fracture NOF who may wait beyond the window period for surgery as a part of multimodal analgesia. However, a case series may not be enough to demonstrate a reliable outcome and formal clinical trials are needed to establish the true contribution of LB.

**Attachment** IMG-20230311-WA0005 (1).jpg

**#35894 REGIONAL ANESTHESIA PRACTICE IN SUB-SAHARAN AFRICA: CASE OF THE YAOUNDE EMERGENCY CENTRE (CURY), CAMEROON**

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**Application for ESRA Abstract Prizes:** I apply as an Anesthesiologist (Aged 35 years old or less)

**Background and Aims** Regional anesthesia has many advantages, including ensuring quality of preoperative care. The objective of our study was to describe the practice of regional anesthesia at Yaounde emergency center (CURY).

**Methods** We conducted a retrospective study from 2015 to 2022. Any patient operated upon in the Yaounde Emergency Centre operating rooms during the study period was included. Data were analysed using Epi Info 7.0 software.

**Results** We recorded 2760 procedures of which 532 cases were performed under regional anesthesia. The average age was 40 years, ranging from 2 to 93 years. The most common regional technique used were: spinal anesthesia (83%), combine epidural and spinal anesthesia (8%) and peripheral nerve blocks (7.5%). The most common nerve blocks were: axillary block (40%), inter-scalene block (32%), supra clavicular block (10%). Trauma surgery was the main indication. The indications for spinal anesthesia were lower limb surgery (79%). The indications for peripheral nerve block were mainly upper limb surgery. Neurostimulation was the most commonly used technique for peripheral nerve blocks. There were no major complications.

**Conclusions** Regional anesthesia is not widely practiced at Yaounde emergency Centre. Training could be one of the strategic axes to improve practice

**Attachment** ethic document-cameroon.pdf

**#33930 PATHOLOGIC HUMERAL FRACTURE, LUNG CANCER AND 58 PACKYEARS – WHAT TO DO?**

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**Background and Aims** The potential block of the phrenic nerve whilst performing an interscalene plexus block can be devastating in certain patient groups. We present a report where close communication with surgeons and the patient as well as an unconventional approach can help in such cases.

**Methods** Consent from the (deceased) patients next of kin was obtained. A 72 – year old woman presented with a pathologic midhumeral fracture due to a metastasized lung cancer. The patient's history included oxygen – dependent COPD with a 58 – PY – smoking habit. CT showed a large mass in the right lung, saturation was 85% with 2 l/min oxygen, Hb 86. Proximal intramedullary nailing was indicated due to fracture displacement. Given the risks of controlled ventilation on the one hand and diaphragm paralysis on the other hand we opted for a rather unconventional approach.

**Results** In order to provide good pain relief for operation without compromising phrenic nerve function we identified the phrenic nerve, followed its course along the anterior scalene muscle and opted for a low – volume – supraclavicular nerve block in combination with a suprascapular nerve block and local anesthesia. The patient received additional intravenous Midazolam. The operation was uneventful and the patient recovered well from the fracture.

**Conclusions** Our case report shows that it is possible to provide sufficient surgical analgesia without compromising respiratory function for humeral surgery by thoroughly considering anatomical aspects and by having an open dialogue with our orthopedic colleagues.

**#36237 PREDICTION OF THE NERVES DEPTH DURING LIMBS' PERIPHERAL NERVE BLOCKS IN CHILDREN**

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**Background and Aims** The Peripheral Nerve Blocks (PNB) are becoming a major analgesic technique for the children's inferior/superior limbs surgery. The objective of this research is to