Conclusions: The incidence of NAB's failure was higher in urgent cases. The conversion to GA was the most frequent attitude in urgent cases and LAA/DEC after SBAs in elective cases.

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Peripheral Nerve Blocks
A PROSPECTIVE, RANDOMIZED COMPARISON BETWEEN LATERAL AND POSTERIOR PARASAGITTAL IN-PLANE TECHNIQUE ULTRASOUND-GUIDED INFRACLAVICULAR BRACHIAL PLEXUS BLOCK
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Background and aims: Current approach to ultrasound-guided infraclavicular brachial plexus block i.e. lateral parasagittal in-plane technique is less popular due to the steep angle of needle trajectory to the ultrasound beam which can severely limit needle visualization. Recently, a new posterior approach was introduced. This prospective, randomized study compared the lateral and posterior parasagittal in-plane technique ultrasound-guided infraclavicular block for upper limb surgery.

Methods: After obtaining approval from the Medical Ethics Committee, University Malaya Medical Centre (IRB reference no. 949.14 dated 17 October 2012), patients scheduled for upper limb surgery were randomized to receive an ultrasound-guided infraclavicular block either by lateral (n = 23) or posterior (n = 23) parasagittal in-plane approach. The main endpoint was the success rate. Other endpoints were the performance time (sum of imaging and needle time), total anaesthesia-related time (sum of performance and onset time), quality of anaesthesia and presence of any complications. An additional cadaveric study was also conducted to complement the findings.

Results: Both techniques, lateral vs posterior parasagittal had comparable success rate, 91.3% vs 95.6%. There were no differences in needle time, performance time and total anaesthesia related times found between the two groups. No differences in terms of adverse events were observed. Both techniques showed similar trend of nerve blockade in terms of sensory and motor block profile. In the cadaveric study, both techniques showed similar distribution and spread pattern of the metmyoglobin blue stain.

Conclusions: The posterior parasagittal in-plane technique ultrasound-guided infraclavicular block did not offer significant advantages over the lateral parasagittal in-plane technique.