

75. INTERSCALENE BRACHIAL PLEXUS BLOCK WITH CONTINUOUS INTRAARTICULAR INFUSION OF ROPIVACAINE

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Introduction: Providing intraarticular analgesia with a continuous infusion of local anesthetic via a disposable infusion pump has gained popularity. Despite the prevalence of this technique, data comparing this method of analgesia to conventional regional anesthesia is not available. We present a prospective study that compared a single dose interscalene block with a single dose interscalene block plus a continuous intraarticular infusion of local anesthetic.

Methods: Forty patients scheduled for shoulder arthroscopy were entered in this randomized, double blind study. All patients received an interscalene brachial plexus block as their primary anesthetic. Patients received one of two injected solutions and one of two postoperative intraarticular infusions for 48 h: (1) Interscalene block with mepivacaine 1.5% (40 ml) followed by a postoperative intraarticular infusion of ropivacaine 0.5% at 2 mL/h or (2) Interscalene block with ropivacaine 0.5% (40 ml) followed by a postoperative intraarticular infusion of 0.9% saline (placebo) at 2 mL/h. Visual analog pain scores (VAS) and postoperative oxycodone consumption were measured for 48 h.

Results: VAS scores at rest and with movement in the mepivacaine/intraarticular ropivacaine group were reduced when compared with the ropivacaine/saline group (rest: $p=0.003$, movement: $p=0.006$). Oxycodone consumption was also decreased ($28 \text{ mg} \pm 21$ versus 44 ± 28 , $p=0.05$), respectively.

Conclusion: We conclude that that a brachial plexus block with mepivacaine 1.5% and a continuous intraarticular infusion of ropivacaine 0.5% at 2 ml/h provides improved analgesia for minor surgery at 24 and 48 h versus a single injection interscalene block with ropivacaine 0.5%.