

**PE-66. A PROSPECTIVE, RANDOMIZED COMPARISON BETWEEN THE POPLITEAL AND SUBGLUTEUS APPROACHES FOR CONTINUOUS SCIATIC NERVE BLOCK AFTER FOOT SURGERY.**

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**Background:** The aim of this study was to compare a new subgluteus approach for continuous sciatic nerve block with the continuous posterior popliteal sciatic nerve block

**Methods:** With Ethical Committee Approval and written informed consent, 60 ASA physical status I ñ II patients, undergoing elective orthopedic foot procedures (hallux valgus, hallux rigidus, and surgical corrections of foot deformities requiring osteotomies and/or arthrodesis) were randomly allocated to receive the placement of a sciatic catheter using either a subgluteus (n = 30) or posterior popliteal (n = 30) approach for continuous sciatic nerve block. After femoral nerve block was placed with 15 ml of 2% mepivacaine, the sciatic nerve block was placed with 20 ml of 0.75% ropivacaine using one of the two approaches, and then followed by continuous infusion of 2% ropivacaine (basal infusion rate: 5 ml/h, incremental boluses 5 ml, lockout time 30 min). An independent observer evaluated the success rate and quality of pain relief after surgery.

**Results:** No technical problems were observed in catheter placement. Intraoperative efficacy of nerve block was similar in the two groups. Catheter displacement was observed in three patients [(2 patients in group Popliteal (6,6%) and 1 in group Sublguteus (3,3%) (P = 0,.99)]. In other three patients the catheter got occluded during the study period [(2 patients in group Popliteal (6,6%) and 1 in group Sublguteus (3,3%) (P = 0.99)]. Pain relief was similarly effective in both groups, without differences in consumption of rescue morphine.

**Conclusion:** We conclude that the new sub-gluteus approach is as effective and safe as the previously described posterior popliteal approach for continuous sciatic blockade, and can be considered a useful alternative to other approaches to the sciatic nerve if a perineural catheter is required to optimize postoperative analgesia.