Most respondents (74%) strongly agreed that the phantom was realistic and 50% of free-text feedback included ‘realistic’ (Fig. 2). No respondents noted any anatomical features as incorrect or absent.

Conclusions There are no other ESP block phantoms which incorporate both physical- and sono-anatomy of all major structures identified by international consensus. Our novel process features innovative materials that yield highly realistic yet low-cost phantoms. It can be employed to generate phantoms for any ‘Plan-A’ block, avoiding instruction on patients or cadavers.

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Background and Aims We conducted a survey on the use of ultrasound for central neuraxial blockade (CNB) on parturients between November 2021 to March 2022. The aim was to discover anaesthetists experience with this technique and explore opinions and concerns prior to encouraging a change in practice.

Methods The survey was disseminated electronically throughout the department comprising 60 anaesthetists. Questions covered experience and likelihood of changing practice after a period of training (if required).

Results 31 out of 60 responses were received.

Feedback Matrix

<table>
<thead>
<tr>
<th>Feedback</th>
<th>Safe tool to learn how to perform ESP block</th>
<th>Simple, accessible, and easy to use</th>
<th>True representation of ultrasound image</th>
<th>% of all free-text responses, n = 23</th>
</tr>
</thead>
<tbody>
<tr>
<td>Realistic</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
</tbody>
</table>

Figure 1 – Results of evaluation.

Abstract B42 Figure 1

Abstract B42 Figure 2

Grade of anaesthetists responses and experience in performing ultrasound-assisted CNB

Confidence in performing ultrasound-assisted CNB (scale 1–5, where 1= not confident and 5= extremely confident)
20% of respondents highlighted concerns. These included the perceived additional time needed in emergencies, the availability of an ultrasound machine, patient safety and deskilling in the traditional landmark approach.

93% replied that ultrasound decreases number of attempts and improves accuracy of vertebral level identification.

87% suggested regular practical teaching sessions to improve confidence.

Conclusions The majority of anaesthetists in our hospital have no or very little experience in ultrasound-assisted CNB and were not confident to perform this technique. Replies suggested that lack of training and limited equipment are barriers to regular use. We intend to address these concerns with regular training sessions and promote the availability of a dedicated ultrasound machine on the maternity ward.