

anatomy (4.30 vs 4.75, online vs F2F respectively) were comparable.

100% of participants were in favour of remote teaching – with free-text comments citing convenience, social distancing and the ability to record and playback.

Conclusions Remote UGRA teaching is popular, effective and can be easily delivered using low-cost equipment that is likely to be readily available in European anaesthetic departments.

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EMERGENCY ANESTHETIC MANAGEMENT OF A PATIENT WITH EXTENSIVE Fournier GANGRENE WHO HAD ADVANCED SYSTEMIC MASTOCYTOSIS – RECTUS SHEATH CATHETER PLACEMENT FOR LAPAROTOMY

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Background and Aims Mastocytosis consists of a heterogeneous group of disorders with diverse clinical presentations. It is characterized by an abnormal increase in tissue mast cells, which can be limited to the skin or infiltrate the bone marrow and other organs with or without skin involvement¹ Mast cell degranulation and subsequent release of vasoactive amines may occur in response to a variety of non-immune triggers leading to, as its most severe manifestation, a clinical picture of anaphylactic shock.

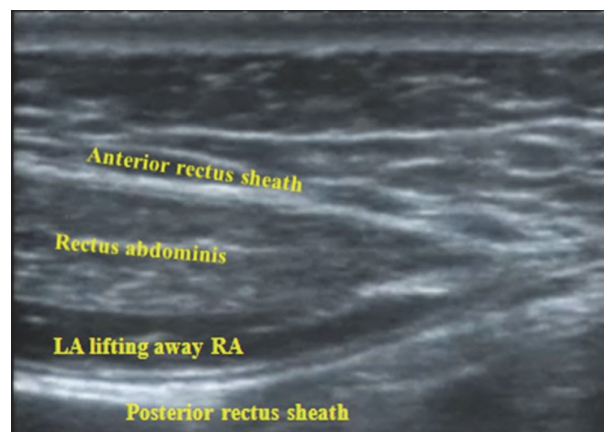
Methods Patient was presented in the emergency department with complaints of severe pain in the scrotal area and he was diagnosed with Fournier's gangrene. He was diagnosed with advanced systemic mastocytosis. He was on immune therapy already for this, which explains his ascites and bilateral chest infiltrate. He was hypertensive and has had issues with blood coagulation in the past as well. He was in sepsis induced DIC when presented in hospital. He had deranged coagulation factors. On auscultation systolic murmur could be heard in the aortic area. MDT discussion with urology, anesthetic & hematology consultants were done. He had general anaesthetic for the surgery and rectus sheath block followed by catheter placement. Surgeon made the plan to do laparotomy and do explanation of extensive gangrene.

Results

VAS score in 48 hrs after laparotomy for extensive Fournier's gangrene

Hours after surgery	VAS score	Rescue analgesic
2	2	
3	3	
4	3	PCM
6	3	
8	5	PCM
16	5	PCM+ OM
24	6	PCM
32	5	PCM
40	4	PCM
48	3	

Abstract B52 Figure 1



Abstract B52 Figure 2

Conclusions Management of patients within all categories of mastocytosis includes avoidance of factors triggering acute mediator release, treatment of acute mast cell mediator release, avoiding medical and non-medical reasons for histamine release. The Royal college of anaesthetists have given some guidelines which could come handy if such cases come in emergency².

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ASEPSIS AND MONITORING DURING US GUIDED PERIPHERAL REGIONAL ANESTHESIA BLOCKS

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Background and Aims Ultrasound(US) guided techniques have been preferably used for peripheral nerve blocks. However, to follow aseptic measures for these procedures is still challenging. The purpose of this re audit is to know the best compliance of the doctors to the asepsis protocols defined on the basis of quality improvement audit done in September 2021 for peripheral nerve blocks using US machine.

Methods This was an observational study done in a tertiary Hospital of Dublin in one month duration. A questionnaire was handed to the anesthetic nurses and data was collected with respect to the type of block performed, aseptic techniques employed and the use of monitoring.

Results A total of 42 blocks were included in this study; single shot (100%), lower limb blocks (88%) were in majority. Aseptic techniques outlined by the Association of Anaesthetists of Great Britain and Ireland were followed 100% in all cases including use of sterile gloves, drapes, skin decontamination, hand washing and the use of sterile gel and probe cover, except the use of sterile gown(20%). In comparison to the last audit in 2017, the percentages were as follows: Use of sterile gloves (93%), drapes (85%), skin decontamination (93%), sterile gowns(0%) and sterile probe cover(91%). Interestingly, Level 2 monitoring was done by 100% block performers both times.

Conclusions In comparison to previous audit, asepsis protocols except for sterile gowns were strictly followed by all the block performers and it has markedly reduced the chances of cross contamination.