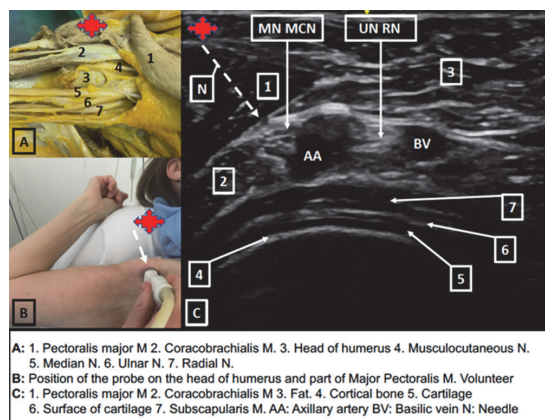


whether there were any differences in the patient experience for patients undergoing this type of surgery at our facility.

Methods All patients undergoing forearm/hand fixations between May and November 2020 at a large teaching hospital were studied retrospectively. Cases with any RA component were compared with GA-only cases. Time in recovery, time to discharge, nausea, pain scores and post-operative opioid requirements were studied. Ethical approval was not required for this study, as per our local committee.

Results 105 patients were included with results shown below. The breakdown of cases as wrist, proximal wrist, and distal to wrist procedures were broadly similar in the RA group and GA group (78%,5%,17% vs. 89%,4%,7%) respectively. The incidence of severe pain was 3.5% (RA) vs. 41% (GA). The incidence of nausea was 2.5%(RA) vs. 9%(GA).



A: 1. Pectoralis major M 2. Coracobrachialis M. 3. Head of humerus 4. Musculocutaneous N. 5. Median N. 6. Ulnar N. 7. Radial N.
B: Position of the probe on the head of humerus and part of Major Pectoralis M. Volunteer
C: 1. Pectoralis major M 2. Coracobrachialis M 3. Fat. 4. Cortical bone 5. Cartilage 6. Surface of cartilage 7. Subscapularis M. AA: Axillary artery BV: Basilic vein N: Needle

Abstract B84 Figure 1

Results Complete sensory and motor blockades were obtained for 17 patients (Age: 52.75 ± 13.48 , BMI: 31.20 ± 11.51) with 19.95 ± 3.07 mL of lidocaine. Block performance time was 7.06 ± 2.18 min, discomfort 2.00 ± 1.89 cm. Onset times of sensory and motor blockades for MCN, MN, UN and RN were respectively 8.16 ± 4.78 , 8.25 ± 4.67 , 9.16 ± 6.00 , 8.82 ± 4.85 min and 10.00 ± 5.77 , 11.50 ± 5.40 , 12.22 ± 6.91 , 10.29 ± 5.99 min. Onset times of the 4 nerves were similar. One vascular puncture and 3 radial paresthesia occurred during blockade

Conclusions This study describes a novel and effective brachial plexus blockade technique at the level of the head of humerus where all nerves, far from the pleura, surround the axillary artery.

Abstract B83 Table 1

Values expressed as median (IQR)	RA cases (n=59)	GA only (n=46)	p value
Worst pain score in recovery unit	0 (0-0)	4.5 (0-8)	$p < 0.0001$
Recovery opioid requirements (IV morphine equiv. in mg)	0 (0-0)	3 (0-10)	$p < 0.0001$
Opioid requirements 1st 24 hours (IV morphine equiv. in mg)	1 (0-6)	4 (1-8)	$p = 0.0038$
Time in recovery (mins)	0 (0-30)	37.5 (30-55)	$p < 0.00001$
Time to discharge (hours)	16.5 (4.5-23)	22 (15.75-25)	$p = 0.005$

Conclusions Patients who received RA only during their operative procedure experienced a better recovery profile, at least in the short-term, with better pain scores, less opioid use and a shorter recovery and hospital stay. The high incidence of severe pain in the GA only group was almost entirely abolished with the use of a RA technique.

B84 BRAINE BLOCK: BRACHIAL INTERMEDIATE NERVE BLOCK

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Background and Aims The aim of this study is the description of an ultrasound-guided brachial plexus blockade at the level of the head of humerus where nerves are grouped around the axillary artery

Methods Ethics committee (CHU Liège. 2017/139–140) approved this study. 20 patients scheduled for hand and forearm surgeries were blocked in supine position, the arm abducted, the elbow flexed at 90 degrees. Musculocutaneous, median, ulnar and radial nerves (MCN, MN, UN, RN) were imaged in short axis with a linear probe. A 80 mm needle was inserted in-plane, lidocaine 1.5% with epinephrine 1:400,000 was injected. Demographic data, efficacy, block performance times, injected volumes, onset times of sensory and motor blockades, discomfort (visual analogue scale :0–10 cm), side effects were recorded. Results are expressed as mean±SD, mixed models with Turkey's multiple comparison tests were performed.

B85 THE FIRST USE OF LIPOSOMAL BUPIVACAINE IN A UK NHS HOSPITAL: THE FUTURE OF OPIATE-FREE SURGERY?

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Background and Aims The development of an opioid-free, enhanced-recovery service is the goal of many regional anaesthetists. The use of peripheral nerve blockade using traditional local anaesthetics has allowed opiate-free anaesthesia in the intra-operative period, however, patients often require opiate analgesia post-operatively with related complications¹.

We report the first use of liposomal bupivacaine (Exparel®), outside of the private sector, in a UK hospital. This allows for long-acting (>48 hrs) analgesia with minimal motor blockade after a single procedure².

Methods This case series looked at the first 8 patients to receive the drug undergoing elective knee replacement surgery. All patients received spinal anaesthesia containing 0.5% Heavy Bupivacaine alongside motor sparing blocks of the knee, including the Adductor canal, nerve to Vastus Medialis, Genicular nerves and interspace between popliteal artery and capsule of the knee (IPACK). They were reviewed post-