Results  No local-anesthetic systemic toxicity, intravascular puncture, or ACC-dislodgments was noted.

9-patients (56.25%) required NO opioid analgesia over three-day postoperative period.

Mean cumulative opioid-consumption (in oral morphine-equivalent) on postoperative days 2–3 were 10.78 ± 14.33 mg and 12.50 ± 18.68 mg, respectively.

Conclusions  The ISAFE approach for ACC placement is potentially safer, feasible, and reliable for maintaining analgesia after TKA.

The ISAFE technique, while feasible for practitioners in regional anesthesia, has a learning-curve and requires training.

B91  ULTRASOUND GUIDED WIDE AWAKE LOCAL ANESTHESIA NO TOURNIQUET PROLONGS ANALGESIA AFTER HAND OR WRIST AMBULATORY SURGERY. A PROPENSITY SCORE-MATCHED COMPARISON WITH AXILLARY BRACHIAL PLEXUS BLOCK

Background and Aims  WALANT (Wide Awake Local Anesthesia No Tourniquet) might be a real alternative to the axillary block (BAX) in hand and wrist ambulatory surgery. Using long-acting local anesthetics, it could prolong postoperative analgesia while preserving motor skills. We hypothesize that WALANT using lidocaine/bupivacaine and dexamethasone prolongs time to first rescue analgesic after surgery compared to BAX using mepivacaine.

Methods  In patient scheduled for ambulatory upper limb surgery, WALANT and BAX were compared using a propensity score-matched analysis surgery in terms of time to first rescue analgesic (primary endpoint), total analgesics amount during the first 24 hours after surgery, duration of sensory blockade and maximal pain scores at rest and during movement in PACU, 12 and at 24 hours after surgery.

Results  After informed consent, sixty patients were included. After propensity score matching, 20 patients in each group were compared. Time to first rescue analgesic was significantly higher in the WALANT group (24.74 [20.22; 27.86] h) and (10.88 [9.17; 16.18] h, p = 0.02) in the BAX group. Total consumption of acetaminophen during 24h was higher in the BAX group (1.00 [1.00–1.00] g vs 2.50 [1.00–4.50]g, p = 0.03). The duration of sensory blockade was prolonged in the WALANT group (26.43 [22.88; 28.58] h) versus (4.84 [4.20; 5.46] h, p < 0.01). Pain scores at rest and on movement were significantly higher in the BAX group than in the WALANT group at 12 hours and at 24 hours.

Conclusions  Compared to BAX, WALANT significantly prolongs effective analgesia in ambulatory upper limb surgery without adverse events.

B92  AUDIT ON CONDUCT OF REGIONAL ANAESTHESIA: BASELINE EVALUATION OF DEPARTMENT’S PRACTICE

Background and Aims  The Royal College of Anaesthetists (RCOA) and the Association of Anaesthetists of Great Britain and Ireland have laid down the best practice standards for the conduct of regional anaesthesia (RA)1–3. We performed a baseline evaluation of our Department’s practice against these 1–3.

Methods  A questionnaire was devised based on the standards set out by the RCOA and AAGBI1–2. This included the following: 1) Whether patients had working IV access prior to commencing a block 2) If appropriate monitoring was commenced, and 3) If the “Stop Before You Block (SBYB)” safety check was performed immediately prior to needling. The questionnaires were completed after the block. We focussed on the trauma and orthopaedic procedures (emergency and elective),