looking at unilateral blocks. The anaesthetists were notified beforehand to gain consent.

**Results** Thirty questionnaires were collected over one month. All patients had working intravenous access. Monitoring was done in all patients except one sedated patient, when ETCO2 was not used. SBYB was performed in all cases, but not documented in 20%. A SBYB box was used to store prepared drugs in all but one case.

Conclusions Our compliance is overall encouraging, as recommended safety nets are extremely important to prevent ‘never events’\(^1\). One limitation was the potential bias as questionnaire were done by team assisting the block. Our Department uses a dedicated SBYB prepbox, in line with the new ‘Prep, Stop, Block’ guidelines\(^4\). Use of ETCO2 is recommended in patients having block under sedation or GA \(^2\). We aim to repeat audit next year.

**B93** PERIPHERAL NERVE BLOCKS DECREASE THE INCIDENCE OF INTRA-OPERATIVE HYPOTENSION EPISODES AND TREATMENT IN TRAUMATIC ANKLE AND LEG SURGERY: A PROPENSITY SCORE-MATCHED COMPARISON WITH GENERAL ANESTHESIA

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**Background and Aims** Intra-operative hypotension (IOH) is associated with a significant increase in post-operative morbidity and mortality in non-cardiac surgery. There’s no consensus concerning the best anesthesia technique for traumatic leg and ankle surgery. We hypothesize that peripheral nerve blocks (PNB) decrease the risk of intra-operative hypotension episodes and treatment compared to GA.

**Methods** Using a propensity score-matched analysis, we compared a GA group and a PNB group in terms of vasopressors consumption (primary end point), incidence of IOH under a MAP at 65mmHg, IOH under a MAP at 50mmHg (secondary end points) and post-operative complications within 30 days after surgery.

**Results** After informed consent and clinical trials.gov registration, 259 patients were assessed for eligibility and 250 were allocated in the both groups (105 GA and 145 BNP) for analysis. After propensity score matching, 33 patients in each group were compared. There’s no difference in demographic characteristics, comorbidities, preoperative medications or type of surgery. The use of vasopressors was significantly higher in the GA group (15/33 (46%)) than in PNB group (1/33 (3%)); p=0.0002 (Table 1). The incidence of IOH episodes under 65mmHg and 50mmHg of MAP was significantly higher in the GA group compared to PNB group: respectively, 94% vs 18% for 65mmHg and 27% vs 3% for 50mmHg, p<0.0001 and p<0.0114. No difference were reported for post-operative complications in both groups.

**Conclusions** The use of PNB decrease the use of vasopressors and provide a safer hemodynamic stability compared to GA in patients scheduled for traumatic ankle and leg surgery.

**B94** RETROSPECTIVE AUDIT ON “ULTRASOUND (US) GUIDED PERIPHERAL SINGLE SHOT NERVE BLOCK (PNB) ASSOCIATED COMPLICATIONS(INFECTION) AT HAMAD GENERAL HOSPITAL (HGH) BLOCK ROOM”

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**Background and Aims** Intraoperative complications (IOH) are associated with a significant increase in post-operative morbidity and mortality in non-cardiac surgery. There’s no consensus concerning the best anesthesia technique for traumatic leg and ankle surgery. We hypothesize that peripheral nerve blocks (PNB) decrease the risk of intra-operative hypotension episodes and treatment compared to GA.

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**Conclusions** The use of PNB decrease the use of vasopressors and provide a safer hemodynamic stability compared to GA in patients scheduled for traumatic ankle and leg surgery.