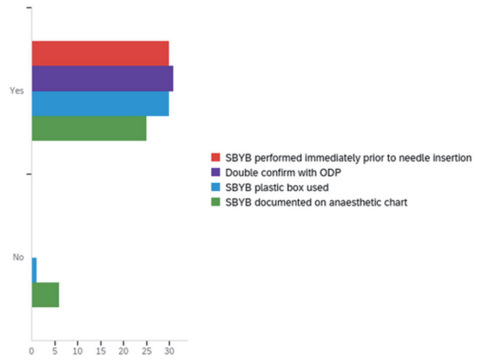
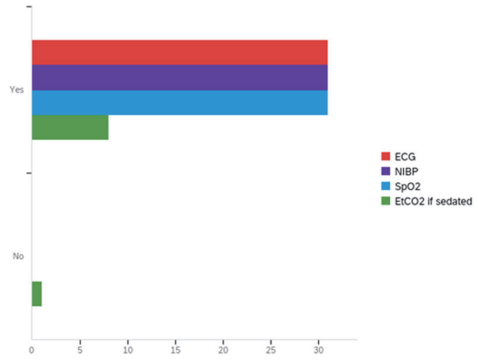
looking at unilateral blocks. The anaesthetists were notified beforehand to gainconsent.

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.



Abstract B92 Figure 1



Abstract B92 Figure 2

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 EPISODS AND TREATMENT IN TRAUMATIC ANKLE AND LEG SURGERY: A PROPENSITY SCORE-MATCHED COMPARISON WITH GENERAL ANESTHESIA

Y Biziou, N Tsekouras*, O Choquet, S Bringuier, X Capdevila. *University Hospital Lapeyronie, Montpellier, France*

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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 episods 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 episods 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.

Abstract B93 Table 1

Table 2: Outcomes by anesthesia type: perioperative events and postoperative complications

	GA N=33	RA N=33	p Value
Haemodynamic			
Vasopressors, n(%)	15 (46)	1 (3)	0.0002
Ephedrine, n(%)	14 (42)	1 (3)	0.0003
Neosynephrine, n(%)	5 (15)	0	.
Norepinephrine, n(%)	4 (12)	0	.
MAP < 65mmHg, n(%)	31 (94)	6 (18)	<0.0001
MAP < 50mmHg, n(%)	9 (27)	1 (3)	0.0114
MAP < 65mmHg (min)	62 (± 66)	29 (± 24)	0.42
MAP < 50mmHg (min)	11(2-21)	6(6-6)	-
Time MAP < 65mmHg/ time in operative room (%)	30,33 (16-41)	16.82(3-48)	0.73
Time MAP < 50mmHg / time in operative room (%)	5.91(1-11)	4.2(4,2-4,2)	-
Anesthesia			
Safety of upper aero-digestive tract, n(%)	33 (100)	2 (6)	-
Succes of RA, n(%)	0	31 (94)	-
Orotracheal tube, n(%)	29 (88)	1 (50)	-
Laryngeal Mask, n(%)	4 (12)	1 (50)	-
Sedation, n(%)	0	32 (97)	-
Regional anesthesia for anelgesia, n(%)	24 (73)	0	-
Time in operative room (min)	174(± 69)	133 (±44)	0.00
Analgesia in PACU			
Total morphine consumption	1.9 (± 4.3)	0.4 (± 1.4)	0.08
VAS maximal	1.3 (± 2)	0.4 (± 1)	0.11
Post-operative complications			
PONV, n(%)	5 (15)	0	-
Thromboembolic disease, n(%)	1 (3)	0	-
Sciatic or femoral nerve paralysis, n(%)	0	0	-
Acute compartment syndrome, n(%)	0	0	-
Hematoma, n(%)	1 (3)	1 (3)	-
Sepsis, n(%)	0	1 (3)	-
30-day mortality, n(%)	0	0	-
Hospital lenght of stay (days)	5.33 (± 5)	4.94 (± 4)	0.75

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"

[1]C Raval*, [1]N Arun, [1]S Mirishova, [1]T Adeeb, [1]S Mahadik, [1]M Mustufa, [1]Y Hammad, [2]N Raval. [1]*Department of Anesthesiology, ICU and Perioperative Medicine, Hamad Medical Corporation, Doha, Qatar*; [2]*GMERS Medical College, Ahmedabad, India*

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Background and Aims Routine use of Ultrasound (US) in peripheral nerve block (PNB) has increased. Currently no International Guidelines are available of infection control measures [1]. Localized inflammation is infrequent (0–13.7%), and local infection (0–3.2%), abscess formation (0–0.9%) more rarely.[2] Following the infection control guidelines and practicing strict aseptic measures result in an extremely low rate of infection following US-guided single-injection PNB. [3]

Methods Following ethical approval from audit committee at department of anesthesiology-HGH, retrospective data of patients who received single shot PNB in the block room was collected over a period of 6months from 1st April 2021 to 30th September 2021. Each patient was followed in person at 24 hours and through the electronic patient's record up to 6 weeks post US guided PNB.The indication of infection was defined as occurrence of: purulent discharge, localized swelling, redness or warmth, pain or tenderness at the site of injection, or a diagnosis of infection by the surgeon or physician during this 6-week period.

Results Total of 271 patients of which 69% are male and 31% female. Demographics are in image 1, the types of blocks performed are in Image 2. We identified 1 case of block-related redness at 24 hours and it was clear at 48 hours. Antibiotics prophylaxis in 98.2%, Cap, Mask, Sterile gloves, Sterile US prob cover and disinfectant in all patients and sterile draping in 60.5%.

Image 1.

Age	39.60 ± 13.82
Height	166.21 ± 8.32
weight	75.24 ± 16.25
BMI	27.24 ± 5.58

Image 2.

Block Types		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Adductor Canal Block	13	4.8	4.8	4.8
	Axillary Block	35	12.9	12.9	17.7
	TAP Block	64	23.6	23.6	41.3
	Femoral Nerve Block	14	5.2	5.2	46.5
	Erector Spinae Plane Block	13	4.8	4.8	51.3
	Paraveterbal Block	17	6.3	6.3	57.6
	Popliteal Block	56	20.7	20.7	78.2
	Infraclavicular Block	36	13.3	13.3	91.5
	Supraclavicular Block	11	4.1	4.1	95.6
	Lateral Femoral Cutaneous Nerve Block	6	2.2	2.2	97.4
	Interscalene Block	5	1.8	1.8	99.3
	Ankle block	1	.4	.4	100.0
	Total	271	100.0	100.0	

Image 3.

Antibiotic Prophylaxis	98.2%
Head Cap	100%
Face Mask	100%
Sterile Gloves	100%
Sterile US Prob Cover	100%
Disinfectant (Chlorhexidine or Providone Iodine)	100%
Sterile Drapping	60.5%

Abstract B94 Figure 1

Conclusions We conclude that the incidence of infection following US guided PNBs are extremely low if we follow strict aseptic measures as per the guidelines.

B95 ULTRASOUND GUIDED SPERMATIC CORD BLOCK FOR ORCHIDECTOMY

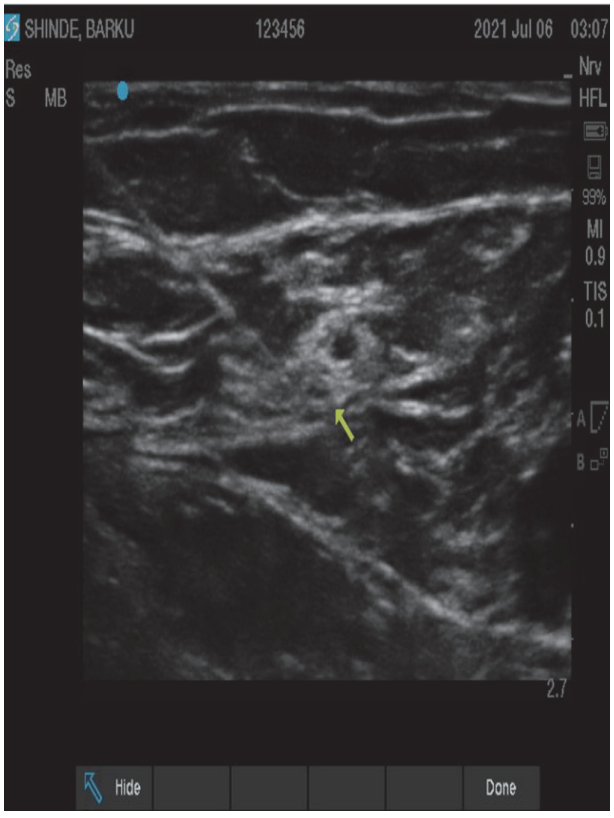
G Akhade*, H Sale. *Noble Hospital And Research Center, Pune, India*

10.1136/rapm-2022-ESRA.170

Background and Aims The improved efficacy and safety of Ultrasound guided spermatic cord block(SCB)technique in regional anaesthesia have added advantage for scrotal surgeries over blind technique,neuraxial , general anaesthesia . Real time visualisation of spermatic cord ,blood vessels ,vasdeference avoids complications,accurate local anaesthetic(LA) disposition provides anaesthesia for testicular surgeries.Apart from the benefits of simple,safe technique ,it provides high success rate ,effective post-operative analgesia ,greater patient satisfaction.

The aim of the study was to report efficacy of ultrasound guided SCB in 12 cases(male patients, age 55- 80 years ,ASA II-III) undergoing bilateral orchidectomy .

Methods The present study included 12 consecutive patients undergoing bilateral orchidectomy under ultrasound guided SCB.A linear array transducer used to identify spermatic cord, vas deference, testicular artery with colour doppler, 10 mlLA (5 ml 2%lignocaine + 5 ml 0.5%bupivacaine) deposited aroundeach side spermatic cord using 22G hypodermic needle advancing lateral to medial direction. Pudendal nerves blocked by LA infiltration at scrotal incision site .The primary outcome was to access the success rate,and secondary outcome were to monitor hemodynamic parameters ,cord haematoma, other complications, postoperative VAS, rescue analgesia if needed



Abstract B95 Figure 1