

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
Paravertebral Block	17	6.3	6.3	57.6
Popliteal Block	56	20.7	20.7	78.2
Intraclavicular 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

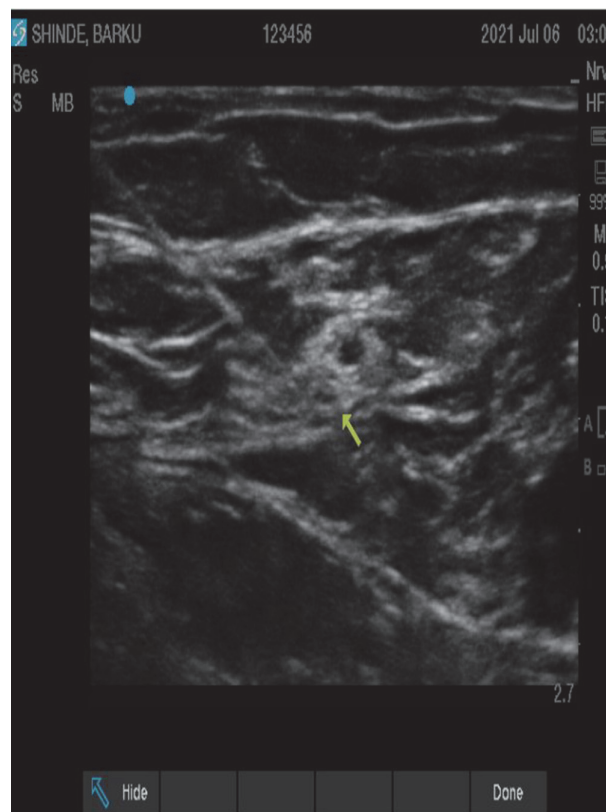
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Background and Aims The improved efficacy and safety of Ultrasound guided spermatic cord block (SCB) technique in regional anaesthesia have added advantage for scrotal surgeries over blind technique, neuraxial, general anaesthesia. Real time visualisation of spermatic cord, blood vessels, vas deference 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 mL (5 ml 2% lignocaine + 5 ml 0.5% bupivacaine) deposited around each 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



Abstract B95 Figure 2

Results In this case study 12 patients ,24 blocks were performed with success rate of 91.6% (n=22), requiring analgesia supplementation 8.3%(n= 2) , postoperative analgesia lasted for average duration for 12 hours.

No patients were converted to general anaesthesia

Conclusions The ultrasound guided spermatic cord block offers an easy, safe technique ,good post operative analgesia, avoiding complications of general anaesthesia, can be considered a better option for elderly patients minimizing the hospital stay.

B96 AWAKE FOOT SURGERY USING A COMBINED POPLITEAL SCIATIC AND SELECTIVE ANKLE NERVE BLOCK FOR AMBULATORY CARE

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Background and Aims Awake ankle surgery performed solely under peripheral nerve block has proved challenging due to poor tolerance of tourniquet and prolonged onset time for surgical anaesthesia, often requiring additional spinal or general anaesthesia, resulting in delayed mobilisation.

We aim to evaluate a combined regional anaesthetic technique including popliteal sciatic block using a short-acting local anaesthetic (LA) with a selective ankle block using a long-acting LA, to overcome the disadvantages of using either of them on its own.

Methods Patients undergoing foot surgery underwent popliteal-sciatic blocks using 10–15 ml of 2% lignocaine followed by selective ankle blocks using 10–15 ml of 0.75% ropivacaine with ultrasound guidance.

Results Surgical anaesthesia was achieved, with no requirement of additional analgesia, sedation or conversion to general anaesthesia in 100% of cases (n=19). Mean block-to-surgical-anaesthesia time was 11.89 minutes with a mean anaesthetic procedural time of 12.63 minutes. Mean volumes of 2% lignocaine and 0.75% ropivacaine used were 11.94 and 14.57 mL respectively. There were no reported instances of tourniquet or surgical pain and patient satisfaction was good. Mean surgical time was 51 minutes (range 40–75 minutes). Mean foot-drop duration was 155 minutes (range 120–210 minutes).

Conclusions This audit demonstrates that a combined regional anaesthetic technique, provides rapid onset of surgical anaesthesia for foot surgery while not being prohibitive to list efficiency. It further reveals that this is a reliable method for the reduction in the peri-operative use of sedatives and analgesic drugs while facilitating ambulatory surgery.

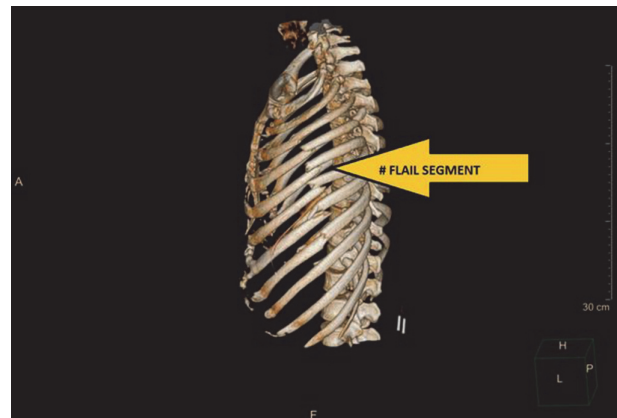
B97 CONTINUOUS ERECTOR SPINAE BLOCK FOR PAIN RELIEF IN MULTIPLE UNILATERAL RIB FRACTURE WITH FLAIL SEGMENT-A CASE REPORT

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Background and Aims We report a case of continuous Erector spinae block for pain relief and successful weaning of patient from mechanical ventilation with multiple rib fractures

Methods After getting informed consent under all aseptic precaution and after attaching all standard monitors an erector spinae block was performed at the level of T5 transverse process using Sonosite 6–13MHz 38mm linear probe in plane technique.18 G touhys needle was used and once the T5 transverse process was hit using USG guidance after negative aspiration 15 ml of 0.2% ropivacaine was given as bolus and 20G epidural catheter was inserted around 5 ml of 0.2%ropivacaine was used to hydrodissect and catheter was threaded without any resistance and the local anesthetic spread was confirmed using USG . We kept the catheter tip around 4 cm inside and the catheter was tunnelled and fixed over the skin



Abstract B97 Figure 1