**Results** We hope to demonstrate an increase in fascial plane chest wall blocks at Royal London Hospital and therefore improve our chest trauma care service with the aforementioned benefits of this technique.

**Conclusions** The reduction in risks associated with insertion and side effects along with minimal contraindications will undeniably transform the care of our trauma patients.

**B109**

STUDY OF OPTIMUM ARM POSITION FOR VISUALISATION OF BRACHIAL PLEXUS AT THE AXILLA WITH ULTRASOUND

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**Background and Aims** Visualisation and separate blockade of the four main constituent nerves (radial, median, ulnar, musculocutaneous) increases success rate of ultrasound guided Brachial plexus block at the axillary level. But upper limb is still positioned as if performing landmark-oriented approach described by Winnie with shoulder and elbow in 90 degrees (°). Here, we aimed to find the optimum arm position for visualisation of brachial plexus at the axilla with ultrasound.

**Methods** After institutional Ethics Committee approval this observational study was conducted in 23 consenting individuals above 18 yr of age. The ultrasound probe was placed in short axis at the intersection of the pectoralis major muscle and the biceps brachii muscle with probe pressure just enough to cause light compression of veins. Each arm was placed in three different positions, shoulder at 90° and elbow at 90°, shoulder at 90° and elbow at 0° and shoulder at 120° and elbow at 90° where the nerves were assessed using a six point visibility scale.

The path of each nerve was traced down for confirmation. Distance from skin to axillary artery, skin to individual nerves, artery to nerves was measured.

**Image 2:** SIX POINT VISIBILITY SCALE:

1. 0, no nerve identified,
2. 1, nerve identified with a high probability,
3. 2, nerve identified, but most of it not visible,
4. 3, nerve identified, more than 50% of its borders can be precisely distinguished from surrounding structures,
5. 4, nerve completely visible, but fascicles poorly defined,
6. 5, nerve completely visible and multiple fascicles identifiable.

**Abstract B109 Figure 1**

**Abstract B109 Table 1**

<table>
<thead>
<tr>
<th>NERVE</th>
<th>VISIBILITY SCORE IN 50/50</th>
<th>VISIBILITY SCORE IN 90/0</th>
<th>VISIBILITY SCORE IN 120/90</th>
<th>P VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>MUSCULO</td>
<td>0(0%)</td>
<td>0(0%)</td>
<td>60(0%)</td>
<td>0.439</td>
</tr>
<tr>
<td>ULNAR</td>
<td>0(0%)</td>
<td>0(0%)</td>
<td>60(0%)</td>
<td>0.010</td>
</tr>
<tr>
<td>RADIAL</td>
<td>0(0%)</td>
<td>0(0%)</td>
<td>60(0%)</td>
<td>0.010</td>
</tr>
</tbody>
</table>

**Conclusions** No single arm position improved the visibility of the nerves.

**B110**

EVALUATING THE SAFETY OF REGIONAL ANAESTHESIA TO PATIENTS ON ANTICOAGULANTS, WITH THE USE OF THROMBOELASTOGRAPHY

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**Background and Aims** Thromboelastography (TEG) is a testing system designed to monitor the coagulation process in real-time. TEG-guided therapy has been shown to be valuable in a variety of invasive procedures. The utility of TEG currently has unvalidated clinical benefit in the assessment of risk in regional anaesthesia, even though it could prevent potential haematological complications such as extensive haematomas in the nerve sheath or injection site, profound motor signs and nerve damage.

The aim of this audit is to assess whether the use of TEG in assessing the risk for regional anaesthesia for lower limb amputations affects the rates of the complications.

**Methods** In this service evaluation audit, data from the patient information system (Powerchart®) will be analysed retrospectively and compared with patients recruited prospectively, to whom TEG will be used to assess their coagulation potential. 30 patients from each group will be analysed focusing on a 30-day complication rate due to regional anaesthesia. All patients must have been prescribed and adhered to at least one dose of anticoagulation in the 7-day period before regional anaesthesia is performed.

**Results** Result will be presented with statistical analysis and their clinical effectiveness will be assessed collectively with the financial consequences on the healthcare provider. Adding TEG to standard regional anaesthesia intervention will be also assessed qualitatively according to the type and frequency of complications presenting.