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.

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.

Results There was no significant difference in visibility scores of the individual nerves and the distances measured in the three positions except the skin-artery distance which was the least in the 120/90 position (p = 0.010). The radial nerve poorly visualised in all positions.

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

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.
Conclusions Assessing the use of TEG in standard practice of regional anaesthesia, might lead to implementing a time-saving testing method to prevent future complications from anticoagulant medication.

B111 COMPARISON OF POSTOPERATIVE MORPHINE CONSUMPTION OF ULTRASOUND (US) GUIDED ERECTOR SPINAE PLANE BLOCK (ESPB) AND PARAVERTEBRAL BLOCK (TPVB) IN THORACOTOMY SURGERY PATIENTS

1MD u r a n*, 2A k u, 3C e u r, 4H U Y o r u k o ğu l u, 5T Ç ı r d a k o ğu ğ u, 1M a r m a r a, İ s t a n b u l, T u r k e y; 2K o c a e l i, K o c a e l i, T u r k e y

10.1136/rapm-2022-ESRA.186

Background and Aims Thoracotomy is associated with severe postoperative pain (1). According to several studies, paravertebral block (PVB) provides effective analgesia similar to epidural analgesia, and has a less side-effect profile (2). Recently erector spinae plane block (ESPB) has been shown to be an easier and safer alternative to PVB(3). The primary aim of this study was to compare post-thoracotomy opioid consumption between PVB and ESPB.

Methods After the approval of the local ethical committee, patients aged between 18 and 75 years with an American Society of Anesthesia (ASA) physical status I-III, and scheduled for elective thoracotomy were included in the study. Patients were divided into two groups to receive either ESPB or PVB. All patients were provided with PCA device preloaded with morphine. Postoperative 24 hour morphine consumptions were recorded.

Results Data from 45 patients were used in the final analyses. Morphine consumption was higher in the ESP group than in the PVB group at 24 hours postoperatively. (19.2 ± 4.26 mg and 16.2± 2.64 mg respectively).

Conclusions In the light of the results of this study, even there is a statistically significant difference on morphine consumptions, clinically ESPB could provide similar postoperative analgesia to PVB in thoracotomy surgeries. In addition, the significant distance from the pleura and vascular structures while performing ESPB and the presence of the transverse process as a barrier reduces the possibility of complications. We think that ESPB can be an alternative to PVB, as a part of multimodal analgesia for post thoracotomy pain.

B112 PERI-CAPSULAR NERVE BLOCK OF SHOULDER JOINT AS A MOTOR SPARING ALTERNATIVE IN ARTHROSCOPIC SHOULDER SURGERIES: A CASE SERIES

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10.1136/rapm-2022-ESRA.187

Background and Aims Arthroscopic shoulder surgeries are frequently done with interscalene block, however it is associated with hemi-diaphragmatic paresis (HDP). Recently a pericapsular nerve block around shoulder joint has been described as a diaphragm sparing alternative. Here we report a case-series describing successful use this block in arthroscopic shoulder surgeries.

Methods The block was given preoperatively before general anaesthesia in five cases of arthroscopic Bankart’s repair. The patient was positioned in a supine position with head-end elevated and arm abducted and externally rotated. The block was performed with the linear probe placed over the shoulder capsule and injecting 20 ml of 0.5% bupivacaine between the deltoid and subscapularis muscle (Picture-1). A pre-block and post-block evaluation of the diaphragmatic excursion (DE) was measured. All patients received 2mcg/kg of fentanyl at induction of anaesthesia and patient control analgesia in the post-operative period.

Conclusions Peri-capsular nerve group block can be used as a diaphragm sparing block in shoulder surgeries. However, its non-inferiority to superior trunk block is to be proved.

B113 LEVO-BUPIVACAINE PLASMA CONCENTRATION FOLLOWING THORACIC ERECTOR SPINAE PLANE BLOCK AND THE EFFECT OF ADDED EPINEPHRINE

J C D e L a C u a d r a- F o n t a i n e*, A A r a n e d a V i l c h e s, D B a i d e S e p u l v e d a, R D e L a F u e n t e S a n h u e z a, S A r z e I r a r a z a v a l, V C o n t r e r e s I b a c a c h e, L I C o r t i n e z F e r n a n d e z. D ivisión de A nestesiología, E scuela de M edicina, P ontificia U niversidad C atólica de C hile, S antiago, C hile

10.1136/rapm-2022-ESRA.188

Background and Aims Erector Spinae Plane block (ESPB) has at least 3 reports of probable local anesthetic systemic toxicity1–3, and few local anesthetic absorption reports since first published4–5.