Conclusions PENG block is a novel alternative for presently available regional techniques for hip surgery, it provides better analgesia with preserves of muscle power. However, larger RCTs are the need of the hour to further substantiate the findings.

Background and Aims Patients with Critical Limb Ischaemia suffer from resting ischaemic limb pain and can struggle to remain supine for lower limb angioplasties. This can make the procedure more difficult and prolonged. Lower limb peripheral nerve blocks have been used with success as analgesia for lower limb angioplasties. We organised training sessions for vascular surgeons on how to administer ultrasound guided popliteal and saphenous nerve blocks. We also asked vascular surgeons in the region of their opinion on regional anaesthetic techniques and whether they feel there is benefit to patients.

Methods 3 teaching sessions were provided for vascular surgeons on lower limb nerve blocks. The surgeons were trained in basics of ultrasound guided nerve blocks, the anatomy of popliteal and saphenous nerve blocks and how to administer them. A survey was also disseminated to vascular surgeons of all grades in the region to gauge the opinions of the trainees regarding nerve blocks for vascular procedures.

Results 18 vascular surgeons from across the region responded to the survey. 61% of surgeons had experience of performing lower limb angioplasties under regional anaesthesia. 53.8% of surgeons felt that there would be benefit to the patient for having regional anaesthesia. 83% would like further training in lower limb regional anaesthesia.

Conclusions There is scope for further training vascular surgeons for training on popliteal and saphenous nerve blocks. There is a recognised need for superior analgesia for lower limb angioplasties. Popliteal and saphenous nerve blocks may provide a solution for this and patients’ experience during and after lower limb angioplasties.