Abstract B116 Figure 1

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.

B117 A COLLABORATIVE SOLUTION FOR LOWER LIMB ANGIOPLASTIES

A Qureshi*, H Travers, V Venkatesh, M Juszczak. University Hospitals Birmingham, Birmingham, UK

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 angioplasties1. 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 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.

B118 PERIPHERAL NERVE BLOCKS IN THE EMERGENCY DEPARTMENT: BREAKING BARRIERS TO PROVIDING POINT OF CARE REGIONAL ANAESTHESIA (POCRA) IN EAST MIDLANDS, UK

1F Moosa, 2N Sadavarte, 3A Hassan*. 1University Hospitals of Leicester NHS Trust, Leicester, UK; 2Nottingham University Hospitals NHS Trust, Nottingham, UK

Background and Aims Ultrasound-guided nerve block (UGNB) is an extremely useful technique for emergency physicians as a multimodal approach to the acutely injured patient. It reduces the overreliance on systemic opioids and avoids the side effects of procedural sedation. Despite these advantages, the current practices in the UK are not yet well established except for fascia iliaca blocks for the neck of femur fractures. We aimed to deliver regular well-structured peripheral nerve block courses to improve the skills and competence of UGRB among emergency medicine trainees in East Midlands, UK.

Methods After reviewing the training curriculum from the Royal College of Emergency Medicine (RCEM), we were assured that regional anaesthesia is in keeping with more than one element of the current curriculum. A business plan was created and regular funding was granted by Health Education East Midlands. Course topics were meticulously selected by experienced anaesthesia and emergency medicine consultants. The majority of Plan A blocks were found to be relevant to the emergency department’s daily practices. Pre and post-course questionnaires were electronically distributed. The educational objectives were delivered using lecture-based knowledge sessions, needling techniques skill stations using phantom gel models and hands-on scanning experience on healthy volunteers.

Results 2 full-day courses were successfully delivered. The candidates' engagement and feedback were excellent.

Conclusions The competence of UGBN among emergency medicine trainees is beneficial and should be a core component of their training. Our future work will involve strategies to maintain training and assessment and allow UGBN to be a routine practice at emergency departments in the UK.

B119 THE TRANSMUSCULAR QUADRATUS LUMBORUM BLOCK DOES NOT PROVIDE ANY BENEFIT FOLLOWING PRIMARY HIP ARTHROSCOPY

1U Umeh, 2S McLean, 3D Diskina, 4Y Yu, 5T Youm, 2A Hertling*. 1Hospital for Special Surgery, New York, USA; 2NYU Grossman School of Medicine, New York, USA

Background and Aims The Quadratus Lumborum (QL) block has been used with mixed results in hip surgeries. Our study evaluated a QL block combined with pericapsular infiltration versus pericapsular infiltration alone in patients undergoing primary hip arthroscopy.

Methods Following ethics committee approval, 104 adult patients were randomized to receive a Transmuscular QL block versus no block. Only 103 patients were analyzed as one patient received spinal anesthesia. All study participants

0.03 to 0.20, I² =0%] in the initial 24 hrs after surgery. However, In sub-group analysis, patients with fascia iliaca compartment block shows similar requirement of rescue analgesia. [OR 0.66, 95% CI 0.20 to 2.16, I² =0%]
received general anesthesia and a pericapsular infiltration by the surgeon.

The primary outcome was post-operative pain scores. Secondary outcomes were opioid use as morphine milligram equivalents (MME) during the post anesthesia care unit (PACU) period, PACU recovery time, and adverse events.

**Results** There was no significant difference in terms of demographics and preoperative pain scores. PACU pain scores and worst and average pain over 7 post-operative days were not significantly different.

Less intraoperative opioid was administered in the QL block group when compared to the control group (16.82 ± 7.87 vs. 20.59 ± 97.99 MME; p = 0.0055). However, PACU opioid consumption was similar between groups. Phase 1 PACU duration was shorter in the control group (58.98 ± 23.35 vs. 73.17 min ± 43.98; p < 0.01), but there was no significant difference in total PACU time. There was no significant difference in adverse events.

**Conclusions** There seem to be no benefit associated with the administration of a QL block in addition to pericapsular infiltration for patients undergoing hip arthroscopy.

Of note, in our study, all patients received pericapsular infiltration. This might explain differences with other studies.

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**B120**

**AN AUDIT OF PATIENT SATISFACTION AFTER REGIONAL ANAESTHESIA IN A TERTIARY CENTRE**

S Kelly*, A Meagher, C Harte Hayes, J Keaveney, Beaumont Hospital, Dublin, Ireland

**Background and Aims** Peripheral Nerve Blockade (PNB) has been associated with improved analgesia outcomes compared to opioid analgesia, with the added benefit of avoiding opioid-related side-effects. Few studies have investigated patient satisfaction with PNB, which is an important indicator of quality of care.

**Methods** A consecutive sample of patients who underwent surgery under regional anaesthesia were identified through theatre records.

Patients were contacted by phone shortly after discharge. They were asked to complete a telephone survey which featured questions regarding, perceptions, expectations, analgesic effects, adverse effects, overall satisfaction and their willingness to undergo PNB again should it be needed. 5-point Likert charts were used to gauge satisfaction. Severity of pain was reported on a numerical scale.

**Results** 26 consecutive patients who underwent surgery with PNB were identified from theatre records. 15 were successfully contacted and consented to be surveyed. 14 patients had a brachial plexus block using the axillary approach for procedures. The most common procedure was open reduction and internal fixation (ORIF) of the radius (n=10). Patients reported a high degree of satisfaction with regional anaesthesia (see figure 1), few side-effects and a good analgesic effect.

**Conclusions** Our survey results suggest that patients report a high rate of subjective satisfaction when undergoing PNB as well as experiencing good intraoperative analgesic effect. The rate of adverse effects was limited. These results suggest that PNB is well tolerated and warrants consideration when planning the anaesthetic approach to certain cases, in particular the use of a brachial plexus block suing the axillary approach for ORIF of the radius.