Abstract B121

Methods We performed an ultrasound-guided clavipectoral fascia block, using 30 ml Ropivacaine 5mg/ml. A supplementary superficial cervical plexus block with 8 ml Ropivacaine 5mg/ml was performed due to unreliably detecting the supraclavicular nerve.

Results No additional intraoperative analgesia was required. Full diaphragmic function was asserted by ultrasound post-surgery, and post-operative care was uneventful with sufficient analgesia.

Conclusions A clavipectoral fascia block may be a good alternative to general anesthesia and other regional anesthesia techniques for clavicular surgery in high-risk patients.

Abstract B122

Background and Aims Informed consent is a vital component of patient care, and should include the benefits of the procedure, as well as risks, complications and alternatives. As per AAGBI2 and RAUK3 standards, consent documentation for peripheral nerve blockade (PNB) is a professional and legal obligation. In response to variable documentation quality in our centre, Standardised consent labels (nicknamed the ‘Oxford sticky label’) were introduced in 2005, with regular audit and revisions, most recently May 2019.

Methods This was the third prospective re-audit of consent documentation for PNB since the 2019 standardised label revision. On each occasion, anaesthetic charts of ~50 consecutive patients undergoing PNB were reviewed. This time the audit was not advertised to clinicians to avoid biased performance. Overall performance of documentation was assessed; use of labels was considered gold standard.

Results Standardised labels as opposed to handwritten documentation were used in 17% of cases, declining from 28% previously. Use of labels was associated with a higher documentation quality of key information points (87% versus 23% without labels). However, the decline in label use was associated with an overall fall in frequency of key consent points being documented, to 34% from 47% previously. Overall performance has, however, improved compared with pre-label introduction.

Conclusions Appropriate documentation of valid consent is vital. Standardised labels have consistently improved this, however there is some way to go in achieving gold standard (>95%). Time pressures and lack of availability of labels often hinder comprehensive documentation, however the impending advent of electronic anaesthetic records should counter some of these issues.

B123

Background and Aims Thoracic Outlet Syndrome (TOS)1 comprehends compression of the nerves, arteries and veins of the arm caused by supernumerary rib. Surgical resection is the definitive treatment when conservative therapy fails (Figure 1). We have tried to combine modified supraclavicular brachial block (M-SBP) and pectoserratus plane (PSP)2 block as anaesthetic and analgesic technique.

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