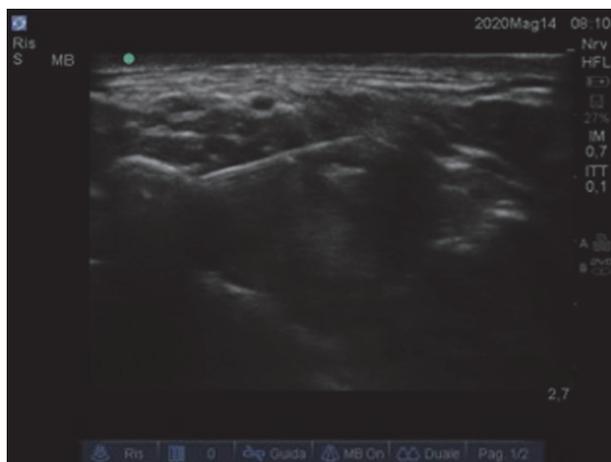


Methods Written informed consent was obtained from a female (age 43) and a male (age 30) candidate to trans-axillary left supernumerary first rib resection. M-SBP block were performed with 10 mL of 2% carbocyanine, reaching the brachial plexus and the first rib periosteum (Figure 2). PSP block³ were performed over the third rib, injecting 15 mL of 7,5% ropivacaine between the pectoralis minor and serratus anterior (Figure 3). Surgery was carried out in spontaneous breathing under sedation with Propofol 2% continuous infusion. During the opening of the pleura, the lung collapsed, facilitating surgical manoeuvres, and finally reducing surgical timing and lung injuries.



Abstract B123 Figure 2



Abstract B123 Figure 3

Results M-SBP block successfully abolished pain and reflexes during the ribs resection. SPS block provided anaesthesia of pectoralis nerves, clavipectoral fascia, intercosto-brachial nerve, and lateral cutaneous branch. No additional opiates were needed. On postoperative day one NRS was zero, and pleura drainage was removed without discomfort; at three weeks follow-up patients did not report thoracic pain or complications. **Conclusions** Even though large studies are needed, the combination of these two blocks seems to be a promising anaesthetic and analgesic technique in patients who need TOS decompression surgery, enhancing patient safety and comfort.

B124 PERIOPERATIVE SATISFACTION ASSESSMENT OF PATIENTS UNDERGOING VITRECTOMY UNDER REGIONAL ANESTHESIA – A PROSPECTIVE OBSERVATIONAL STUDY

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10.1136/rapm-2022-ESRA.199

Background and Aims Ophthalmic procedures may be performed under general, regional or local anesthesia. Patient satisfaction is an important health care outcome measure that helps to evaluate and optimize our clinical practice.

The goal of this study is to evaluate satisfaction of patients undergoing regional anesthesia for vitrectomy procedures.

Methods A 2 year prospective observational study was conducted with 122 adult patients undergoing vitrectomy under regional anesthesia (peribulbar block). Patient satisfaction was evaluated using an adaptation of a validated satisfaction scale specific for Regional Anesthesia. Mann Whitney U test, Chi-square test and linear correlation model were performed in the statistical analysis.

Results No significant difference was observed between pain experienced during the procedure and ASA classification, laser use, presence of diabetes, duration of the surgery, and time until total akinesia.

Additional block/analgesia was required in 17 patients. Statistical differences were found between intraoperative pain (1.4, on average, on Visual Analog Scale, VAS) and postoperative pain (0.5, on average, on VAS) and the need of additional block/analgesia during the procedure ($p < 0,05$ and $p < 0,015$, respectively). Satisfaction with regional anaesthesia was lower in the group that experienced pain during the procedure ($p < 0,05$).

Four patients (3%) were not satisfied with anesthesia and 114 patients (93,5%) would repeat the procedure under the same technique.

Conclusions Patients' satisfaction with regional anesthesia is influenced by pain experienced during surgery. None of the evaluated variables, apart from the need of additional block influenced pain felt during the procedure.

Due to overall satisfaction we may continue to perform vitrectomy under regional anesthesia.

B125 DEVELOPMENT OF NEW TEACHING AND TRAINING PROGRAMME OF PERIPHERAL NERVE BLOCKS FOR JUNIOR ANAESTHETISTS

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10.1136/rapm-2022-ESRA.200

Background and Aims We developed a new teaching and training programme for peripheral nerve blocks (PNB) based on both the NICE¹ and Royal Collage of Anaesthetists (RCOA)² requirements in training of PNBs. The yearly programme encompasses formal teaching sessions and facilitation of training opportunities.

Methods The teaching is a 'scanning club' with monthly sessions on specific PNBs by a specialist regional anaesthesia consultant (figure 1). Formal teaching is via a PowerPoint presentation followed by practice of ultrasound scanning on mannequins and colleagues attending. Feedback is gathered via

an anonymous questionnaire to assess pre-session and post-session confidence and experience.

This is supplemented by a new system to improve training opportunities where anaesthetists are informed of PNBs each day via anaesthetist's WhatsApp group.



Scanning Club

First Friday of Every Month
1030-1130am
Anaesthetic seminar room

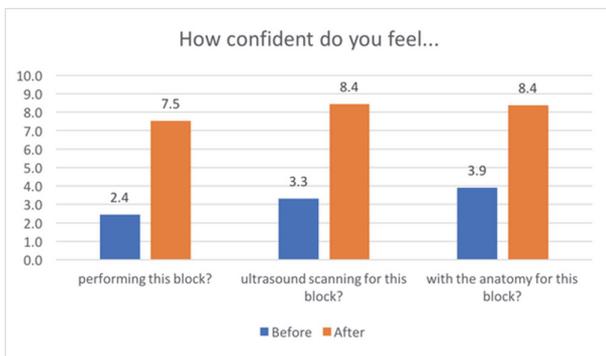
Date	Topic
7/1/22	Serratus anterior
4/2/22	Erector Spinae
4/3/22	Adductor canal
1/4/22	Popliteal Sciatic
6/5/22	Rectus sheath and TAP
3/6/22	Consent
1/7/22	Interscalene
5/8/22	Supraclavicular
9/9/22	Axillary
7/10/22	Median/Ulnar/Radial nerve
4/11/22	Femoral and Fascia Iliac
2/12/22	Spine

Any queries contact
Andrew Wilkinson (Andrew.wilkinson17@nhs.net)

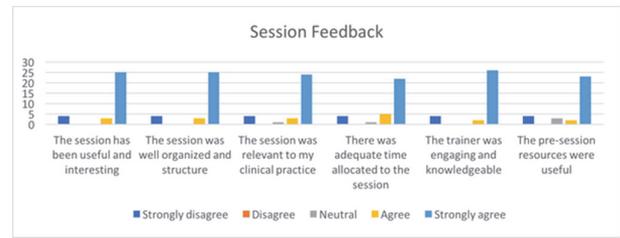


Abstract B125 Figure 1

Results The surveys demonstrate a marked improvement (more than two-fold) in anaesthetists' confidence scores of PNBs in three areas: anatomy, ultrasound scanning and performance (figure 2). Overall, the feedback of teaching is very positive (figure 3), and free text comments had high praise of the sessions, with 'real-life scanning practice' and 'practical application' being the most helpful aspects.



Abstract B125 Figure 2



Abstract B125 Figure 3

Conclusions The new programme has been running for 9 months with positive feedback that supports its longevity. This method of teaching is transferable to any hospital anaesthetic department with access to ultrasound. Training opportunities are cultivated so anaesthetists can practice PNBs learned in the scanning club to increase their clinical skills and confidence. This supports the overall clinical provision of PNBs as per NICE and RCoA guidelines and amplifies patient safety.

B126 NOVEL PERIPHERAL NERVE BLOCK QUALITY IMPROVEMENT PROJECT FOCUSING ON SUPPORTING CLINICAL DELIVERY AND TEACHING

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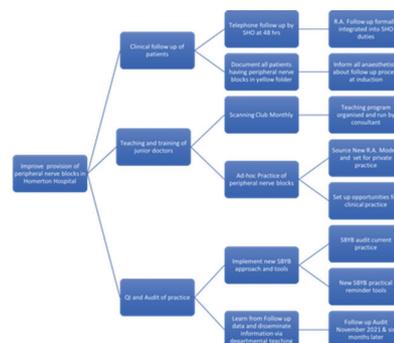
10.1136/rapm-2022-ESRA.201

Background and Aims We designed and implemented a novel quality improvement (QI) project at Homerton University Hospital (HUH), based on the NICE¹ and Royal College of Anaesthetists (RCoA) guidelines² covering peripheral nerve block (PNB) provision, training and education, and audit.

Methods The QI project developed novel 'service provision' to support the delivery and training of PNBs (see driver diagram in figure 1). We undertook a pilot study assessing efficacy and viability of the teaching programme and the formal follow up of patients who had PNBs. The pilot evaluated the practical application and stakeholder's experiences: teaching via feedback forms, and patient's during the follow up.

Secondly, we audited the formal patient follow-up, feedback from teaching sessions and the audit of 'Stop before you Block' (SBYB), presenting the results and gaining approval from the QI team and Clinical Director.

Driver Diagram



Abstract B126 Figure 1