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 brachioplexus and the first rib periosteum (Figure 2). PSP block° 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.

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.
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.

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.

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.