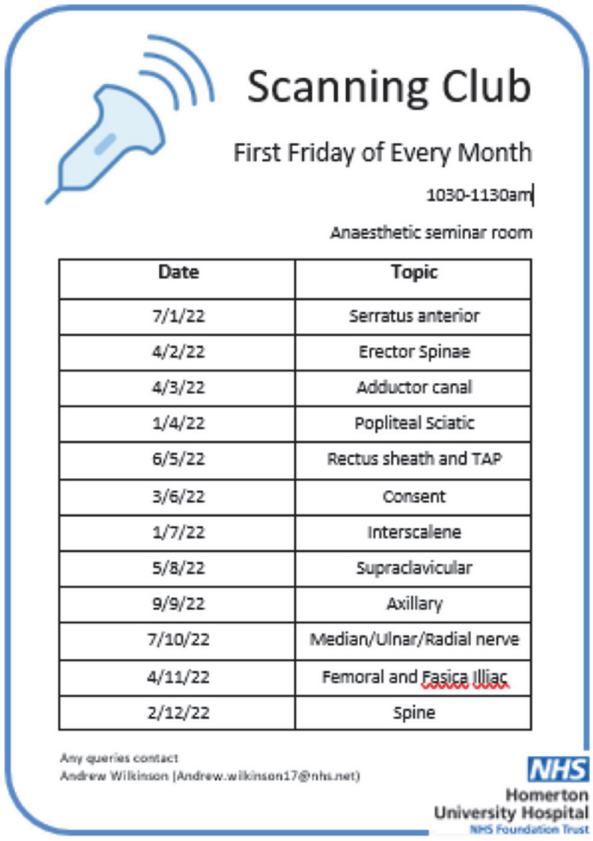
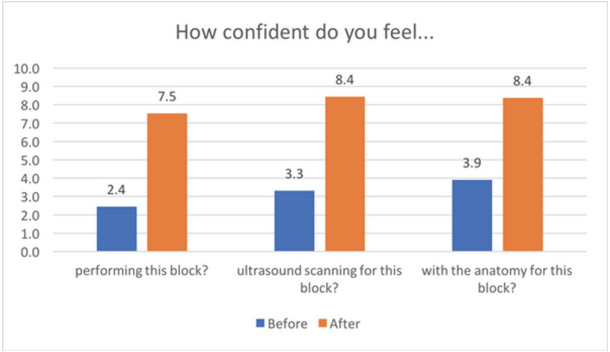
an anonymous questionnaire to assess pre-session and post-session confidence and experience.

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

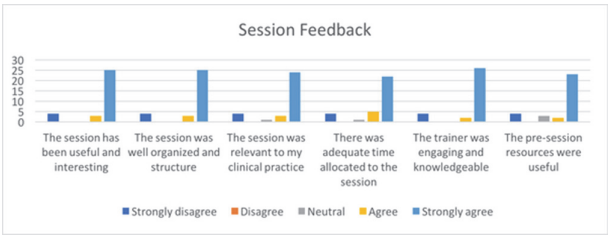


Abstract B125 Figure 1

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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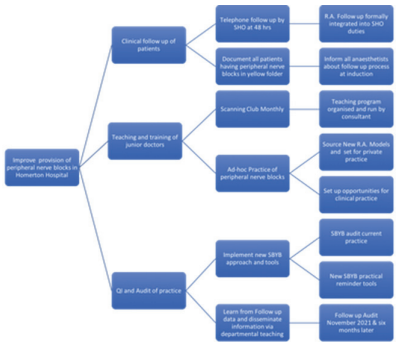
10.1136/rapm-2022-ESRA.201

Background and Aims We designed and implemented a novel quality improvement (QI) project at Homerton University Hospital (HUH), based on the NICE[1]and Royal College of Anaesthetists (RCoA) guidelines[2]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

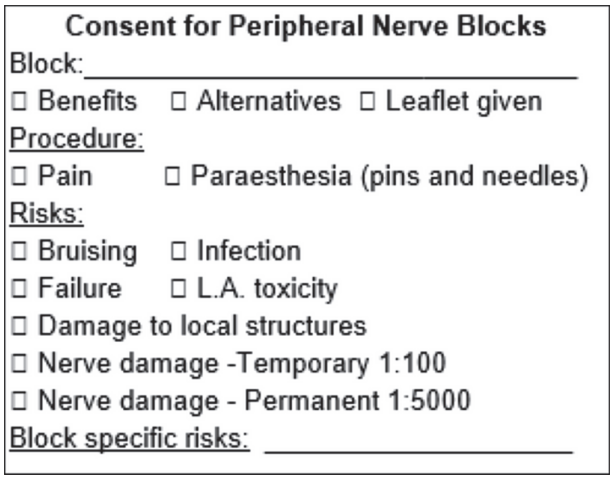
Results We implemented the following changes indefinitely:

1. Teaching and training–

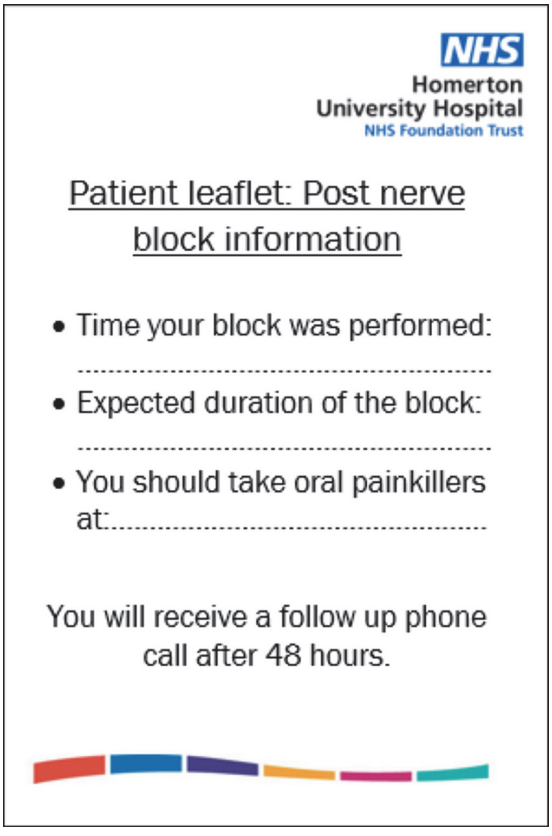
- Monthly 'ultrasound scanning club'
- Trainee PNB opportunities on theatre list

2. Service provision-

- Telephone follow-up of patients 48 hours post peripheral nerve block
- New SBYB approach poster in anaesthetic rooms
- New HUH PNB consent stickers (figure 2) and patient leaflet (figure 3)



Abstract B126 Figure 2



Abstract B126 Figure 3

Conclusions We developed a new system to support the clinical delivery of PNBs through patient follow up, documentation of consent, audit of practice and a teaching programme, which increases patient safety and provides standardisation in practice. The changes implemented were tested in a pilot, and audited, gaining approval through stakeholder buy-in that will ensure longevity and growth.

B127 EMERGENCY LEFT BRACHIAL ARTERY EMBOLECTOMY UNDER AXILLARY BLOCK IN A YOUNG PATIENT WITHANABOLIC ANDROGENIC STEROIDS (AAS)-INDUCED HEART FAILURE

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10.1136/rapm-2022-ESRA.202

Background and Aims Anabolic Androgenic Steroids (AAS) abuse surged during the 1980s withaffecting1 in 20 of all males today. A wide spectrum of AAS compounds and abuse regimens are applied and AAS abuse has been associated with an unfavorable cardiovascular profile.

A 23-year-old male with a lower respiratory infection and a previously unknown AAS abuse was admitted to the Cardiac Care Unit (CCU) of the University Hospital of Heraklion due to acute left heart failure (EF:25%). On the second day of hospitalization acute upper limb ischemia developed and a large number of thrombi in the brachial artery was revealed with the use of duplex ultrasonography. Due to his critical condition the anesthetic team decided to perform a left axillary block to proceed the embolectomy.

Methods Axillary block with ropivacaine and lidocaine was performed at the beginning of the surgery. For anxiolysis 1 mg of midazolam was administered. The procedure lasted approximately one hour, while the patient was hemodynamically unstable necessitating a noradrenaline infusion of 0,10 mcg/kg/min.

Results The patient returned to the CCU on a noradrenaline infusion of 0,10 mcg/kg/min. The first postoperative day the patient presented atrial fibrillation treated with digoxin. After 1 month stay at the hospital he was discharged at home.

Conclusions The anesthetists should be able to provide the best care to the patients ongoing surgeries. Peripheral blocks provide the opportunity for critical ill patients to proceed to emergency procedures.

B128 CAN ERECTOR SPINAE PLANE BLOCK IMPROVE QUALITY OF RECOVERY OF PATIENTS UNDERGOING ELECTIVE LAPAROSCOPIC OR OPEN COLECTOMY?

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10.1136/rapm-2022-ESRA.203

Background and Aims Quality of Recovery (QoR) of patients after major abdominal surgeries is a field of concern for anesthesiologists. In this study we evaluated the efficacy of continuous, bilateral Erector Spinae Plane Block (ESPB) in enhancing QoR and satisfaction of patients undergoing elective laparoscopic (LC) or open colectomy (OC).