

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)

Consent for Peripheral Nerve Blocks

Block: _____

Benefits Alternatives Leaflet given

Procedure:

Pain Paraesthesia (pins and needles)

Risks:

Bruising Infection

Failure L.A. toxicity


Damage to local structures

Nerve damage -Temporary 1:100

Nerve damage - Permanent 1:5000

Block specific risks: _____


Abstract B126 Figure 2



Patient leaflet: Post nerve block information

- Time your block was performed: _____
- Expected duration of the block: _____
- You should take oral painkillers at: _____

You will receive a follow up phone call after 48 hours.



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 EMBOLLECTOMY UNDER AXILLARY BLOCK IN A YOUNG PATIENT WITH ANABOLIC ANDROGENIC STEROIDS (AAS)-INDUCED HEART FAILURE

E Koutoulaki*, E Astyrakaki, F Chaniotaki, P Vasilos, G Papastratigakis, V Nyktari, A Papaioannou. *University Hospital of Heraklion, Heraklion, Greece*

10.1136/rapm-2022-ESRA.202

Background and Aims Anabolic Androgenic Steroids (AAS) abuse surged during the 1980s with affecting 1 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?

¹F Sifaki, ¹I Mantzoros, ¹E Koraki, ¹T Asteri, ¹P Christidis, ¹V Tsapara*, ²P Chloropoulou. ¹Georgios Papanikolaou, *General Hospital of Thessaloniki, Thessaloniki, Greece;* ²Democritus University of Thrace, *Department of Anesthesiology, Alexandroupolis, Greece*

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).