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)

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.

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

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

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

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 Konaki, 1T Asteri, 1P Christidis, 1V Tsapara*, 1P Chloropoulou. 2Georgios Papankolou, General Hospital of Thessaloniki, Thessaloniki, Greece; 3Democritus University of Thrace, Department of Anesthesiology, Alexandroupole, Greece

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).
Methods This study is a double-blinded, randomized, controlled, prospective study, submitted to clinicaltrials.gov (NCT04879004). 30 patients scheduled for OC and LC were randomized into 4 equal groups. If the patient was randomized in Group R L or R O, Ropivacaine 0.375% (20 ml) was infused at each side 30 minutes before induction of GA and 0.2% (20 ml) 12, 24, 36 and 48 hours after surgery. If the patient was randomized in Group C L or C O, N/S 0.9% (20 ml) was infused in the same manner. We recorded QoR score on the 3d postoperative day, satisfaction score and discharge time of the patients. Statistical analysis was performed with Jamovi Version 1.6.18.0, using Mann-Whitney U test.

Results All groups were similar. No statistically significant differences were found between groups R L and C L regarding QoR, satisfaction score and discharge time of the patients (p=0.061, p=0.061, p=0.704 respectively). Regarding OC, QoR score and satisfaction score of the patients were significantly higher in Group R O when compared to C O (p=0.002 and p=0.042 respectively). There was found no statistically significant difference between these groups regarding discharge time of the patients (p=0.122).

Conclusions In this study, we confirmed that ESPB is an effective method which contributes to the improvement of QoR and satisfaction score of patients undergoing OC.

Conclusions Isolated ISC can be considered as superior to combined anaesthesia for total shoulder replacement (2) even in cardiovascular high-risk patients.

Background and Aims This study compares the perioperative complication rates of interscalene brachial plexus catheters (ISC) alone compared to the combination with general anaesthesia (GA) for total shoulder replacement in high risk patients.

Methods 196 patients (ASA≥III), undergoing elective total shoulder replacement between 2014 and 2020 were included retrospectively. The data of 107 patients scheduled for isolated ISC were compared to those of 89 patients with planned GA in addition to ISC. Cardiovascular complications are defined as a decrease in MAP >20% of preoperative MAP, hypertension and tachycardia requiring therapy. Logistic regression analysis was used to calculate univariable and multivariable odds ratios (OR; 95% confidence interval).

Results The ISC group showed a significantly better hemodynamic stability during surgery with less vasopressor consumption (Ephedrine-Bolus:31% vs. 73% p<0.001, Norepinephrine/Phenylephrine Bolus: 7% vs. 35% p<0.001) and less volume supplementation (1069 ml ±463 vs 1308 ±501 p<0.001). Relevant hypotension occurred less frequently (35% vs 82% p<0.001).

(1) Regarding postoperative complications, we found a decreased risk of respiratory (4% vs. 12% p<0.02) as well as cardiovascular complications (15% vs. 38% p<0.001) in the ISC group. (3) General anaesthesia remained an independent risk factor for cardiovascular complications after the adjustment for potential confounders (OR: 5.9; 95% CI 2.4-14.1).