Conclusions Buprenorphine is effective in improving analgesia during TJAs. However, the evidence is still weak and further trials on this topic are needed.

Background and Aims To audit on the change of protocol for Peripheral nerve blocks (PNBS) to avoid inadvertent wrong sided block in a tertiary hospital of Dublin. This audit is based on modified version of traditional “Stop before you block” protocol introduced in 2021.

Methods This audit was based on questionnaires given to each operation theatre anesthesia room for the nurses and doctors to fill out after PNBS. The duration of audit was of 1 month from 4th March 2022 to 4th April 2022. All patients records were reviewed for proper recordings in pre-designed structured form.

Results In this duration, total 52 PNBS were done while only 38 forms were filled for audit. Among these 38 blocks, 30 blocks (78.9%) were for lower limbs, 6 (15.7%) for upper limbs and 2 (5.2%) for abdominal procedures. The Prep (preparation) of drugs, equipment, and area was done 100% as per hospital policy. However, Stop was done “verbally” only for 15 (39.4%) blocks. But “mark” was checked in 36 (94.7%) blocks. Finally, Block was given immediately in 37 (97.3%) blocks and it was delayed in 1 (2.6%) block but Prep, stop was not repeated for that block.

Conclusions Conducting an audit on Prep, stop and block protocols is essential for every hospital in which peripheral nerve blocks are done. It avoids the inadvertent wrong sided block which is a “never event”. The above audit clearly shows room for improvement.
Background and Aims Although the effectiveness of erector spinae plane block (ESP) in cardiac surgery has been shown [1], but the optimal volume of ESPB in CABG surgery remains unclear. We hypothesized that using larger volumes of local anesthetic in the ESPB would result in greater dermatomal blockade. The aim of this study is to determine the analgesic efficacy of ESP block with two different volumes in CABG patients.

Methods This prospective, randomized study was conducted in adult patients undergoing CABG surgery with cardiopulmonary bypass. Group-20 received 20 ml of 0.25% bupivacaine per-side in ESPB and Group-30, 30 ml of 0.25% bupivacaine per-side. Following extubation, tramadol 100mg as rescue analgesia was given to patients of NRS>4. Postoperative sternotomy and chest tube pain was evaluated using the NRS at rest and during coughing after extubation.

Results 70 patients were analyzed. There were significant differences between the groups regarding rescue analgesia was higher in the group 20 ml (25/35 vs 2/35, p<0.001) and the time of the first rescue analgesic requirement. The mean time ± std were 11.26±9.57 hours and 24.03±4.12 hours in the group 20 ml and the group 30 ml,(p<0.001). The median (IQR) NRS scores, both at sternotomy and chest tubes, were significantly lower in the group 30 ml at the different time points after the surgery (p<0.05).

Conclusions The ESP block performed with a volume of 30 ml, less pain was observed in the sternum and chest tube region, less rescue analgesic requirement, and late first rescue analgesic requirement time. 30 ml can be effective in chest tube and sternum pain in cardiac surgery.

B143 ESP BLOCK AS A PART OF OPIOID FREE ANESTHESIA IN OPEN SPINE FUSION SURGERY CASE SERIES

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Background and Aims Multimodal analgesia in open spinal fixation surgery allows use of less opiates peroperatively and better patients' outcome. 1 Erector spine block significantly reduces peroperative use of opiates during these operations. Non-opioid analgesia supplemented with ESP block provides good peroperative analgesia and avoids opioid administration during surgery and postoperatively.

Methods We will describe a series of 10 patients planned for open spine fixation on one or more levels. Before induction in anesthesia, each patient received 1.0 g of Paracetamol. The induction to general anesthesia was with 1 mg/kg Lidocaine,

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