

Propofol 2 mg/kg, Ketamine 0.5 mg/kg, Rocuronium 0.6 mg/kg, Sevoflurane 2%, Dexmedetomidine 0.5mg/kg/h, Magnesium 30 mg/kg/h continuously. After induction in anesthesia in prone position, we applied bilateral ESP one level above the injury with 2x20 ml Bupivacaine 0.25%+Dexamethasone 8mg. Postoperative analgesia was enabled with 2x2 g Midazolam, Ketamine 0.05mg/kg/h, Paracetamol 3x1g, Dexamethasone 4 mg, Magnesium 1.5g. If the intensity of pain was 7–10 on the VAS scale, amp. Trodon 100 mg will be given as a rescue analgesia. Postoperative analgesia was monitored in the next 48 hours, as well as postoperative nausea, vomiting, shaking and opioid dose given postoperatively.

Abstract B143 Table 1

Table 1
Demographic characteristics of the patients and duration of surgery

Pt/no	sex	Age	Fixation level	Duration of surgery	BMI
1	m	60	Th 12- L2 (Fracture L1)	180 min	28
2	m	31	Th 11-L1 (Fracture Th12)	165 min	26
3	f	41	L3-S1 (Spinostenosis)	360 min	34
4	f	63	L2- S1 (Spondylolistesis)	240min	30
5	m	61	L2-S1 (Spinostenosis)	285 min	29
6	f	52	Th11-L2 (Fracture Th12)	330 min	30
7	m	62	L3-S2 (Spondylolistesis)	240 min	28
8	m	51	Th12-L3 (Fracture L1)	180min	30
9	f	55	L1-S1 (Spinostenosis)	300min	36
10	f	71	Th11-L4 (Fracture L1)	240min	30

Pt/no – patient number
BMI – Body Mass Index

Results Opioid free anesthesia with synergistic action with ESP block provide good perioperative analgesia without use of opioids. The highest pain intensity occurred 8 hours postoperatively. No need of applying rescue analgesia postoperatively. None of the patients had nausea nor vomiting. Transient nystagmus occurred postoperatively in two patients.

Abstract B143 Table 2

Table 2 Visual analogue score of pain 48 h postoperative, PONV and need for rescue analgesia

Pt/no	VAS 1 st h	VAS 4 th h	VAS 8 th h	VAS 12 th h	VAS 24 th h	VAS 36 th h	VAS 46 th h	PONV	Rescue analgesia
1	2	2	6	5	4	4	3	no	no
2	0	0	5	6	3	3	2	no	no
3	3	2	5	5	4	4	3	no	no
4	2	2	6	6	4	4	3	no	no
5	3	4	5	5	3	3	2	no	no
6	0	2	6	6	4	2	2	no	no
7	0	0	4	3	3	2	2	no	no
8	2	3	6	6	3	3	2	no	no
9	2	2	5	6	4	4	2	no	no
10	0	0	6	6	3	3	1	no	no

Pt/no – Patient number
VAS – Visual analogue scale of pain
PONV – Postoperative nausea and vomiting

Conclusions OFA with ESP are an ideal combination as anesthetic technique that provides good perioperative analgesia. It was avoided application of opioids and their side effects. Patients' care and pain control have equal importance as surgical results and have a major impact on the patient's perception of their hospital experience.

B144 RECTUS SHEATH BLOCK AND MULTIMODAL ANESTHESIA FOR ANESTHETIC MANAGEMENT IN EMERGENCY ABDOMINAL SURGERY: A CASE SERIES

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Background and Aims Rectus sheath block (RSB) is a regional anesthesia technique, that provides somatic analgesia (without visceral analgesia) by blocking the ventral rami of the 7th to 12 th intercostal nerves with injection of local anesthetic in the space between the rectus abdominis muscle and the posterior rectus sheath.¹ It can be used as a part of multimodal analgesia together with usage of non-opioid drugs, such as lidocaine, ketamine and magnesium, given as a continuous intravenous infusion during midline incisions in emergency open abdominal surgeries. Multimodal analgesia is recommended for pain management following major surgery.²

Methods We are presenting four cases of emergency open abdominal surgeries where bilateral RSB was performed with 0.25% bupivacaine after induction to general anesthesia. All patients received 4 mg dexamethasone and a continuous intravenous infusion with 2 mg/kg/h lidocaine, 0.2 mg/kg/h ketamine and 20 mg/kg/h was given till the end of surgery. All patient received 1 gr metamizole at the end of operation. In the postoperative period pain was followed with Visual Analogue Scale (VAS) score 2, 6, 12, 24, 36, 48 and 72 hours after operation and analgesia regime included metamizole 1 gr four times a day. For pain of 6–10/10 1 mg/kg tramadol was given.

Results During surgery request for opioids was lower and pain scores in the first 72 hours after surgery were reduced too

Conclusions Bilateral rectus sheath block with continuous intravenous infusion of lidocaine, ketamine and magnesium provides sufficient analgesia during emergency laparotomies, lower opioid requirements during and after surgery, prolong neuromuscular block and all patient were hemodynamically stable

Miscellaneous

B145 IMPACT OF ELECTRONIC ANAESTHETIC CHARTS ON ACCURACY AND EASE OF ACCESS FOR PATIENT RECORDS

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Background and Aims SWBH Trust introduced anaesthetic electronic patient record (EPR) from September 2021.

We conducted Audit of anaesthetic records before and after introduction of EPR with AAGBI record keeping guidelines as the standard.

The aim was to compare informations recorded using the scanned-in anaesthetic paper chart on the trust electronic system and new EPR.

Methods 60 patients records, who had undergone anaesthesia at the Trust, were randomly selected for each audit in May and December 2021.

We analysed anaesthetic charts availability, patients details, name of clinicians involved, drugs administered, details of airway management, how well observations were recorded, overall legibility of records and completion of recovery handover.

Results We found significant overall improvement in record keeping after the introduction of the EPR.

100% EPR charts available Vs 80% scanned-in paper charts, vital observations 100% vs 90%, airway management 100% vs 76%, anaesthetist name 100% vs 95%, overall legibility 100% vs 90%, documented recovery handover 100% vs 80%.

Conclusions Our EPR satisfies the current AAGBI guidelines recommending “*automated electronic anaesthetic record systems, with an accurate summary of information provided by all monitoring devices*”.

EPR pre-populates anaesthetic procedures, it's time efficient as it automatically uploads key information of patient, surgery details and clinicians involved. Drug names and doses administered are recorded easily. This minimises documentations errors producing highly legible, good quality document. Automatic digital interface between observation monitor and computer allows instantaneous recording of observation

B146 AN ARGUMENT FOR THE POTENTIAL OF A VETERINARY TOPICAL ANALGESIC PRODUCT (TRI-SOLFEN) FOR HUMAN USE

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Background and Aims In the veterinary market a product called Tri-Solfen has been available for many years which allows for topical anaesthesia for animals with painful wounds. This product contains a mixture of short acting (lidocaine) and long acting (bupivacaine) local anaesthetics together with adrenaline (to reduce bleeding) and cetrimide (a common antimicrobial agent, found in ‘Savlon’). This product is designed to ‘spray and stay’ *ie* stick to the wound once sprayed on. Only a little product is therefore required to give good pain relief. Patent issues have put off investors from funding studies into the potential human uses of this very successful veterinary product.

Methods Medical Ethics are working on bringing this concept of a sprayable topical anaesthetic to the human market. If the early trials are successful, it is envisaged that the use of this product could rapidly allow for safe pain relief in large numbers of casualties with blast-related burn injury, or at least have an opiate-sparing action.

Results Currently first-in-man trials are undergoing looking at ensuring that toxic levels of local anaesthetic do not develop in the blood stream. There are also other potential benefits from the early application of an antimicrobial agent such as cetrimide, which has yet to be studied.

Conclusions We aim to describe where we are currently with our research strategy, and look for other partners who are willing to help us bring this potentially extremely useful product for use either in the clinic, the burns unit, the battlefield or following a terrorist incident.

B147 COMPARATIVE EFFECTIVENESS OF ORAL VERSUS INTRAVENOUS TRANEXAMIC ACID IN PRIMARY TOTAL HIP AND KNEE ARTHROPLASTY

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Background and Aims The use of tranexamic acid (TXA) has reduced rates of perioperative blood transfusion for total hip arthroplasty (THA) and total knee arthroplasty (TKA)¹. While oral rather than intravenous (IV) dosing of TXA at the time of surgery may simplify perioperative protocols and reduce costs, it is not clear whether oral TXA is as effective as IV TXA in reducing blood loss and transfusion rates.

Methods This randomized controlled trial compared the use of one preoperative dose of oral TXA (1,950mg) to one preoperative dose of IV TXA (1,000mg) in THA (N=200) and TKA (N=200). Consecutive patients undergoing primary THA or TKA under regional anesthesia with sedation were enrolled. The primary outcome was calculated blood loss (CBL). Secondary outcomes were transfusions and complications, including cardiac events and venous thromboembolism. The study was designed as a non-inferiority trial with an intention-to-treat analysis.

Results Oral TXA was non-inferior to IV TXA (p<0.001). Mean CBL values were 842.21 mL versus 860.45 mL for THA and 798.48 mL versus 878.13 mL for TKA in the oral and IV arms, respectively. There was one postoperative transfusion, which occurred in the IV TXA arm of the study. There was no difference in complication rates between the two arms of the study.

Conclusions Oral TXA can be feasibly administered in the preoperative setting prior to THA or TKA and is non-inferior to IV TXA with respect to CBL and transfusion rates in this setting.

B148 EFFECT OF PORTABLE NEGATIVE PRESSURE UNITS ON EXPELLED AEROSOLS IN THE OPERATING ROOM ENVIRONMENT

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Background and Aims Spontaneously breathing patients undergoing procedures under regional anesthesia can expose operating room personnel to infectious agents. The use of localized