methadone(1), ketamine(1) and gabapentin(6). Statistically significant results in pain reduction compared to placebo or standard pain medication were found in the studies concerning pregabalin(p=0.003), nortriptyline(p=0.04), methadone (p=0.03), ketamine(p=0.012) and in 2 out of 6 gabapentin studies(p<0.004). Two of the studies had no comparison arm.

Conclusions Interventions including pregabalin, nortriptyline, methadone, ketamine and gabapentin, were found to provide pain relief. While there is a plethora of pharmacological interventions available, only a few studies have been conducted regarding the pharmacological management of therapy-related-NP in HNC patients, including a small range of interventions. More studies should be conducted regarding the pharmacological approaches in HNC therapy-related-NP and the specific treatment algorithms.

B159 THE EFFECT OF PROPOFOL ON ROPIVACAINE-INDUCED CENTRAL NERVOUS SYSTEM TOXICITY IN PIGS

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Background and Aims Ropivacaine is a long-acting local anesthetic, widely used in regional anesthesia. Although less toxic than bupivacaine, ropivacaine has been implicated in the occurrence of central nervous system toxicity. The primary objective of this study was to determine whether propofol at subanesthetic doses protects against ropivacaine induced central nervous system toxicity in pigs.

Methods A preliminary study to determine the dose, rate of administration and the plasma concentration of ropivacaine, which induces paroxysmal electroencephalographic activity (PEA) without causing cardiotoxicity, was performed in five pigs. Thereafter 20 pigs were divided in 4 groups of 5 receiving intravenously either ropivacaine alone, ropivacaine+propofol, ropivacaine+intralipid or propofol alone. Electroencephalogram (EEG) was recorded continuously (Nr of Ethic commission approval: APAFIS 28480–2020120112486566 v2III)

Results For similar blood levels in 4 out of 5 animals in the ropivacaine and in all in the ropivacaine+intralipid group PEA were observed and recorded. Bursts of PEA occurred similarly in the ropivacaine+intralipid and ropivacaine group. EEG in the ropivacaine+propofol group showed slow delta wave, but no PEA. In the propofol group stage 2 sleep-like activity was observed without PEA.

Conclusions Propofol in subanesthetic doses prevents in this model the occurrence of PEA induced by intravenous ropivacaine. A dose-response relationship of propofol on the occurrence of ropivacaine-induced paroxysmal electroencephalographic activity is likely. In patients receiving regional anesthesia, administration of a subanesthetic propofol dose could protect from ropivacaine-induced central nervous system toxicity.

B160 THERE’S AN APP FOR THAT: REDUCING COGNITIVE BURDEN OF DOSING CALCULATIONS FOR HIGH VOLUME LOCAL INFRINGEMENT ANALGESIA (HVLIA)

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Background and Aims In our institution a multistep manual calculation is required to determine the safe dose of local anaesthetics for the peripheral nerve block (PNB) and HVLIA\(^1\). Informally some colleagues reported the process to be burdensome. We wanted to understand whether an app could improve this process.

Methods Following a pre-intervention survey we created a prototype app http://hvlia.herokuapp.com/. The app allows the user to select patient weight and the type of PNB, and calculates the correct dose of HVLIA. We released the pilot app with a clear disclaimer to ensure evaluation alongside clinicians standard practice. A followup survey assessed feasibility and acceptability to clinicians.
Abstract B160 Figure 2

Results The pre-intervention survey revealed; only 30% of respondents thought the manual calculations were easy to perform, 70% of respondents calculations took up to 5 minutes to complete with 50% using pen and paper and 100% using a phone calculator. Following the app pilot; 100% of users reported that it made calculations easier and were confident that it would reduce errors. Increased efficiency was observed with 75% of users reporting using the app took <1 minute. All users reported high levels of trust in results obtained from the app.

Conclusions Using a plan-do-study-act approach we built an app that local clinician-testers report makes dose calculation easier and quicker compared to their usual practice for our local HVLIA protocols. To complete the act phase we will need to conduct a formal local trial, and seek approval of the app’s medical device status.

Background and Aims The aim of the current survey was two-fold: first to provide an overview about the current practice of regional anesthesia (RA) in Greece and secondly to evaluate the effect a structured hands-on training Course has on participants’ knowledge and attitude towards RA.

Methods An electronic questionnaire was uploaded on SurveyMonkey and a link giving access to the questionnaire was forwarded via email to a mailing list of 825 practicing Greek anesthesiologists held in the electronic database of ESRA Hellas. It contained questions relating to the anesthesiologists’ demographic characteristics, their RA practice and information pertaining to the RA training Course.

Results Attendants of the Course are more familiar with the performance of peripheral nerve blocks with neurostimulation and/or ultrasound guidance as compared to non-attendants (p<0.001). Attendants are also less likely to practice exclusively general anesthesia, more likely to use peripheral blocks for lower limb surgery and more likely to consider taking the European Diploma of RA in comparison to non-attendants (p<0.001, p=0.018 and p=0.002, respectively). Both cohorts consider the Course of value and agree that the main reason to use regional techniques is to ensure optimal postoperative analgesia while the main hindrance to RA practice is the lack of relevant education in the techniques, especially those under ultrasound guidance.

Conclusions Greek anesthesiologists seek educational activities in the field of RA and the Course seems to fulfil the majority of attendants’ expectations. There will be further effort by the organizers to improve the current Course and undertake additional educational initiatives in the field of RA.

Background and Aims Regional anaesthesia has proven its role in providing superior perioperative analgesia compared to systemic opioids. The advent of ultrasound-guided regional anaesthesia has heralded rapid growth in new block techniques, which could widen the gap between regional anaesthesia enthusiasts and generalists, who may perceive regional anaesthesia as becoming increasingly complex [1]. We organised a Block-of-the-week (BOTW) teaching programme to allow greater accessibility to regional anaesthesia.

Methods BOTW is an educational initiative by a group of trainees with an interest in regional anaesthesia. Each session, held fortnightly, focuses on a pre-determined technique with the aim of encouraging confidence in performing blocks,