

B174 IMPROVING DELIVERY OF REGIONAL ANAESTHESIA FOR PATIENTS ON NOVEL ORAL ANTICOAGULANTSS Shah*, S Ricky Nagpaul. *Buckinghamshire Healthcare NHS Trust, Aylesbury, UK*

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Background and Aims Regional anaesthesia (RA) is often desirable for multiple reasons but with an increasingly medically complex population, the anaesthetist often manages patients on novel oral anticoagulants (NOACs)¹. However, for these drugs variable times are recommended to wait as mistiming can lead to serious complications such as a vertebral canal haematoma². The authors present a quality improvement project on provision of RA for patients on NOACs.

Methods A survey was taken of anaesthetists who regularly do trauma lists, to identify knowledge of acceptable times post NOACs for safe RA performance against national guidelines. In addition, it also identified numbers of times a RA choice was abandoned due to insufficient time before last dose in the 3 months prior and any report of adverse outcomes. An intervention of implementing a poster and insert of key timings in the trauma booklet was then undertaken and subsequently anaesthetists were resurveyed at 3 months post intervention.

Results A total of 14 anaesthetists were surveyed yet 29% had accurate knowledge against guidelines. Reports of 8 cases occurred in the 3 months where RA choice was abandoned due to mistiming. There were no adverse outcomes reported. Post intervention, in the subsequent 3 months, knowledge of the guidelines had improved to 100% and there were 3 cases reported where RA choice was abandoned.

Conclusions The authors demonstrate that a simple visual aid can improve knowledge of NOACs and RA timing and can reduce incidence of abandoned RA options. Ultimately, this importance lies with improving available care for the patient.

B175 EVALUATING THE IMPLEMENTATION OF REGIONAL ANAESTHESIA WITH VIRTUAL REALITYS¹SSW Ko*, T¹Potter, L¹Zucco, M²Zaky, A¹Pawa. *¹Guy's and St. Thomas' NHS Foundation Trust, London, UK; ²Great Ormond Street Hospital for Children, London, UK*

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Background and Aims Virtual Reality (VR) has been shown to reduce anxiety and pain scores for medical procedures, and in conjunction with regional anaesthesia (RA), has been reported to reduce sedation requirements, and improve patient satisfaction⁽¹⁾. We aimed to implement the use of VR for patients undergoing awake upper limb surgery under RA at our institution.

Methods Three Oculus Quest 2 VR headsets were kindly donated from Sintetica. The implementation process required several steps; local approval from clinical engineering and infection control to permit the use of these headsets on patients; establishing and troubleshooting the VR set up, which required disabling the boundary limit in order to have continuous use of the headset regardless of patient positioning; selecting appropriate media which included videos and immersive experiences. Patients who agreed to trial the VR headset were then asked for feedback.

Results The implementation of VR into our practice required technical preparation as well as local engagement to ensure multi-disciplinary awareness and buy-in, in particular from our ODPs and surgical colleagues. Initial feedback from surgeons

and patients is positive, with reports noting the improved experience with VR in those with a history of previous surgeries under RA. Others noted the preferred media selection for future occurrences, such as documentaries or relaxing experiences, being mindful of which may result in nausea.

Conclusions A larger cohort of patients is required to evaluate the impact of VR as an adjunct to awake surgery on patient experience, but our preliminary service evaluation has provided very promising results.

B176 LORNOXICAM AS A TREATMENT OF GERIATRIC GOLDEN AGE FEMALE PATIENTS WITH CHRONIC NECK PAINN¹Syrmos*, S²Karatzoglou, P²Christoglou, S²Kottas, E³Logotheti, V¹Giannouli, A¹Mylonas. *¹Aristotle University, Thessaloniki, Greece; ²Papanikolaou General Hospital, Thessaloniki, Greece; ³General Hospital, Volos, Greece*

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Background and Aims Aim-Aim of this study was to evaluate the use of use of meloxicam in geriatric golden age patients (>80 years old) female patients, with chronic neck pain.

Methods **Material and Methods-** 10 female geriatric golden age patients were participated in this study. For 14 days (2 weeks) they receive 8 mg lornoxicam, two times a day. Range of age 82–94 years and mean age 85 .

We used specific performance pain tests in order to evaluate our results.

Results 9 of them (90%) reported optimal results and good reaction to the treatment. 1 of them (10%) reported moderate results and mild reaction to the treatment.

Conclusions We need more patients but this therapeutic path seems to be an optimal and safe treatment , specially for golden age elderly female patients with chronic neck pain.

B177 PNEUMATIC TOURNIQUET IN ORTHOPEDIC SURGERY, AN INSTITUTIONAL GOOD PRACTICES REVIEWAS¹Pinto, J²Moniz*, AR¹Dinis, N¹Santos, C¹Carmona. *¹Hospital Professor Dr. Fernando Fonseca, Lisboa, Portugal; ²Instituto Português de Oncologia de Lisboa Francisco Gentil, Lisboa, Portugal*

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Background and Aims The pneumatic tourniquet is frequently employed in the orthopedic surgery. This device creates a bloodless surgical field, decreasing perioperative blood loss and procedure duration. However, this technique can also be associated with complications if improperly applied.

We aimed to assess the good practices of the tourniquet employment in a high-volume orthopaedic centre.

Methods Retrospective analysis of patients who underwent orthopaedic limb surgery with tourniquet technique from October to December 2019. Baseline patient and intra-procedural data was collected and analysed, as well as surgical complications and known contraindications. The relationship between baseline systolic arterial pressure (SBP) and tourniquet pressure (TP) was assessed with the Spearman correlation coefficient, and subsets of patients were compared with the Mann-Whitney test.

Results A total of 216 patients (37% men, median age 53, IQR 40–67 years) were included. The majority were ASA II (69%), 28% were obese (BMI>30), and the prevalence of