comorbidities was substantial (see table 1). Median TP was 350 mmHg (IQR 250–360 mmHg), and all but 2 patients were under occlusion pressure for more than 120 minutes. Tourniquet was used in 3 patients with venous thrombosis history and 3 with rheumatoid arthritis. SBP and TP were not correlated \((r=0.031, p=0.650)\). However, TP were higher in hypertensive patients \((p=0.007)\). The complication rate was low (3 wound infections, 1 deep venous thrombosis and 1 neuropathic pain).

Conclusions In our centre the tourniquet employment was a safe practice. TP tailoring accordingly to SBP can still be optimized, especially in the hypertensive population.

Local committee authorized this study.

**Background and Aims** The present survey was designed to ascertain the effect of COVID-19 pandemic on regional anaesthesia practices amongst anaesthesiologists in India. A total of 532 anaesthesiologists filled the survey and majority (86%) were from a teaching hospital. 68.5% felt there was an increase in RA use post COVID -19. A web-based learning for regional anaesthesia was provided to 61% of respondents. While performing RA in positive patients, majority felt that PPE resulted in poor vision due to fogging (91%), increased attempts (63%) and performance time (46.9%). Disposible plastic drapes were preferred by most (75%) and sharps were collected in separate bags for disposal (53%). After surgery, the OR was cleaned using sodium hypochlorite (37.6%), hydrogen peroxide (37%) or 75% alcohol (55.26%) and a sterile camera cover was used by most (65.8%) respondents.

Conclusions RA was preferred if feasible in COVID-19 patients and its utilization increased during COVID. Use of PPE hindered the performance of blocks. Regarding sterility practices, disposable drapes were preferred, and more stringent measures were used for cleaning the ultrasound machine used and the OT following the case in COVID era.

**Background and Aims** Haemodynamic changes and cardiac arrhythmias are not uncommon in clinical practice, depending on patient features, surgical treatment and drugs administered.

Here we describe haemodynamic changes developed in young patients, soon after a local infiltration anaesthesia in day surgery.

**Methods** We retrospectively assessed the haemodynamic effect of 2% lidocaine with 0.0125mg/ml adrenaline (Li&AD group) administered for septorhinoplasty in 50 participants and a combination of 0.5% bupivacaine and 2% lidocaine with 0.0125mg/ml adrenaline (Li&AD group) for breast augmentation in 50 participants. Blood pressure and heart rate were recorded before the induction of general anaesthesia, immediately, 5, 10 and 20 minutes after local infiltration anaesthesia (LIA) and the data were analyzed.

**Results** The systolic and diastolic blood pressures in the Li&AD group transitory increased at all measuring points \((p<0.05)\). In the Li&AD group, the blood pressure decreased at 5 and 10 minutes. There were significant differences in systolic blood pressure at 5 and 10 minutes after local anaesthetic administration and heart rate at all time points between the 2 groups in different regions. Li&AD administration increased the heart rate and decreased the diastolic blood pressure.

**Conclusions** Transitory changes of the heart rate and blood pressure may have been triggered by endogenous and/or exogenous epinephrine. Bupivacaine with 2% lidocaine solution for LIA reduces haemodynamic disturbances and prolongs analgesic effect. We highlight the need for careful preoperative evaluation, including anxiety assessment and treatment in all patients in day surgery.