Background and Aims Rib fractures present commonly in major trauma centres (MTCs) and are a significant source of morbidity and mortality (M&M) [1]. As well as conferring a potential M&M benefit, rib fracture blocks [2] may improve patient symptoms, prevent medical complications and improve hospital length of stay (LOS). We aim, 1. to determine whether rib fracture blocks improve LOS; 2. to determine whether a rib fracture care bundle improves access to blocks.

Methods We collected data over three months for patients who were admitted for over 24 hours with new rib fractures confirmed with imaging. We analysed the data for ‘booking to block time’ and LOS. We then introduced a care bundle comprising a new trust guideline, staff education sessions, an electronic ‘rib fracture block’ order set, observation sheets and a patient information leaflet. We allowed some time for the new pathway to embed and subsequently collected data over one month, looking at booking to block time.

Results The first study included 67 patients, of whom 34 were referred for a rib fracture block, of which 19 were performed. The mean booking to block time was 41 hours. The mean LOS for patients who received blocks was 16 days versus 17.5 days for those who did not. The second study included a total of 6 patients who received blocks. The mean booking to block time was 32 hours.

Conclusions We demonstrate decreased LOS with rib fracture blocks and improved access to them with an integrated care pathway.

Background and Aims The performance of regional anesthesia (AR) in a block room (BR) may have an impact on the efficiency of the Orthopedics operating room (OR). Our main goal is to evaluate the knowledge of healthcare professionals about AR and the BR.

Methods Two types of surveys, previously validated at independent hospitals, were delivered to orthopedists and OR nurses. We performed a descriptive analysis of the variables.

Results A total of 126 surveys were filled out, 46 by orthopedists and 76 by OR nurses. It was observed that both physicians and nurses frequently recommend anesthetic techniques to their patients (39.1%/34.2%) and 50% of physicians and 44.8% of nurses specify RA as the one to choose. Both groups consider that, compared to general anesthetics and intravenous analgesia, RA is safer (89.1%/69.7%) and associated with less sedation (95.6%/94.8%), better control of pain (95.7%/93.4%) and fewer side effects (63%/73.7%). Regarding patient satisfaction, both agreed that RA has better outcomes (84.7%/69.7%). They would choose RA for themselves (89.1%/89.5%) and recommend it to a family member (89.1%/92.1%). Speaking of BR, 80.4% of orthopedists agreed that it is associated with less time wasted in anesthetic preparation, higher productivity (65.2%) and greater efficacy (65.2%).

Conclusions We can conclude that most orthopedists and OR nurses recognized the various benefits of RA. Orthopedists agreed that BR is the key to allow RA to be used, improving outcomes and providing efficiency gains in the OR. Genuine support from the entire OR team could play a critical role in the change.
Background and Aims Coeliac disease (CD) is an autoimmune disorder characterized by gastrointestinal symptoms, weight loss and anaemia. One of the commonest neurological manifestations of CD is painful peripheral neuropathy (PN). This occurs because of small fibre involvement (Aδ fibres and C fibres). Our aim was to establish the thermal pain thresholds in neurologically asymptomatic young CD patients compared to controls.

Methods Patients with biopsy proven CD and age and gender-matched healthy controls (1:1 ratio) participated in the study. All the participants were clinically and electrophysiologically evaluated. Thermal pain thresholds (warm and cold) were determined through quantitative sensory testing (QST). Patients with PN and/or comorbidities that are risk factors for the pathogenesis of PN (such as diabetes mellitus) were excluded.

Ethics Committee Approval.

Results 43 CD patients (79% females, mean age 35±9.4 years) and 43 controls were recruited. The two groups did not differ regarding height, BMI and the presence of chronic pain.