of aspiration (GV >1.5 ml kg⁻¹). All these patients were fasted >6h. 2 had a change in airway plan and 1 patient was undergoing a regional technique.

Conclusions Fasting >6h does not always preclude a high risk of aspiration. POC-USG can aid decision-making as part of a multi-modal assessment of aspiration risk to improve patient safety. Ethics approval not required.

Central nerve blocks

B411 ‘THE EFFECT OF DEXMEDETOMIDINE ON LIDOCAINE IN SUBARACHNOID ANAESTHESIA FOR TRANSURETHRAL SURGERY’

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Background and Aims Regional anaesthesia is the technique of choice in many urological surgeries, such as transurethral surgeries of the bladder (TurBT) and prostate (TurP).

Methods In the present randomized double blind study, 90 patients scheduled for TurP and TurBT received subarachnoid anaesthesia with either dexmedetomidine in combination with hyperbaric lidocaine 2% (3 ml) (LD-group) or hyperbaric lidocaine 2% (3 ml) (L-group) or hyperbaric ropivacaine 0.5% (3 ml) (R-group).

Results Patients’ demographic characteristics were similar in the 3 groups; the participants had a mean age of 70 years, with no difference among the groups (p = 0.491). BMI had a mean value to 25.9kg/m² with no difference among the groups (p=0.160). Regarding intraoperative haemodynamic parameters, a statistically significant difference in blood pressure was found over time in all groups (p <0.001). The heart rate showed a statistically significant change only in the LD-group (p = 0.002). Regarding block characteristics, the addition of dexmedetomidine was associated with a higher sensory block (T6 in the LD-group versus T10 in the L-group). Ropivacaine was also associated with high sensory block (T6) compared to lidocaine (p <0.001). The pain assessment performed with the Numerical Rating Scale (NRS, 0–10) showed statistically significant lower values in the LD-group compared to both L-group (p <0.001) and R-group (p <0.001) all time periods, intra- and post-operatively.

Conclusions The addition of dexmedetomidine improved the quality of anaesthesia in transurethral bladder and prostate surgery compared to lidocaine alone. It provided satisfactory analgesia both intraoperatively and postoperatively, reducing opioid use, without significant haemodynamic side effects.

B412 NEURAXIAL USE AMONG TOTAL KNEE AND HIP ARTHROPLASTY PATIENTS WITH MULTIPLE SCLEROSIS OR MYASTHENIA GRAVIS

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Background and Aims Regional anesthesia use has historically been categorized as relative contraindication among patients with certain preexistent neurological disorders (1–3). It is unclear if the fear of developing new or worsening symptoms among this group is driving anesthesiologists to prefer or