Results 10 responses were collected from the SBYB survey. All RA techniques performed SBYB; however, only 60% were documented. There was confusion over when SBYB should be performed, with some checking immediately prior needle insertion and others 30–45 minutes before block performance at ‘WHO Sign In’.

Conclusion Although SBYB is performed routinely, we found scope to improve documentation and ensure better adherence to national guidance. Following departmental teaching, we placed SBYB posters throughout, created specific RA procedure trays, and created reminders on our online documentation. These changes were reflected in our locally created protocol. Currently, we seek to improve SSM through liaison with our surgical colleagues, and increasing the vigilance of theatre staff undertaking appropriate checks.

Latebreaker

LB1 EFFICACY OF BUPRENORPHINE AS ADJUVANT IN PERIPHERAL NERVE BLOCKS DURING TOTAL JOINT ARTHROPLASTY: A NARRATIVE REVIEW AND SYNTHESIS OF THE EVIDENCE

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Background and Aims The duration of peripheral nerve block (PNB) is of critical importance in the pain trajectories of total joint arthroplasties (TJA). Rebound pain increases opioid consumption and worsens the patient’s functional outcome.1 Continuous PNBs have a failure rate of 20% to 50% and they are associated with complications such as systemic local anesthetic toxicity, local infection, nerve irritation, and an increased risk of postoperative falls.2 Among the alternatives studied to improve PNB analgesia, buprenorphine, a partial μ-opioid receptor agonist and weak κ-opioid receptor antagonist, has a good efficacy and safety profile.3 The objective of this narrative review is to summarize the evidence about buprenorphine as perineural adjuvant to prolong analgesia after TJA.

Methods Approval from the ethical committee was not necessary for this narrative review. Two independent reviewers searched several databases (Pubmed, Embase) for articles related to the use in TJA (hip, knee, shoulder) of buprenorphine as a perineural adjuvant in PNB with or without other adjuvant molecules. Articles included were those published through March 2022 and in English. Results 5 randomized clinical trials (RCT) were identified (table 1). 3 trials for TKA, 1 for TSA and 1 trial for both THA and TKA. In all these 5 RCT, buprenorphine is used perineurally with local anesthetics in nerve blocks. Perineural buprenorphine alone or in combination with other adjuvants globally improve postoperative analgesia without increasing side effects such as postoperative nausea.

Conclusions Buprenorphine is effective in improving analgesia during TJAs. However, the evidence is still weak and further trials on this topic are needed.

LB2 PREP, STOP & BLOCK

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Background and Aims To audit on the change of protocol for Peripheral nerve blocks (PNBS) to avoid inadvertent wrong sided block in a tertiary hospital of Dublin. This audit is based on modified version of traditional ‘Stop before you block’ protocol introduced in 2021.

Methods This audit was based on questionnaires given to each Operation theatre anaesthesia room for the nurses and doctors to fill out after PNBS. The duration of audit was of 1 month from 4th March 2022 to 4th April 2022. All patients records were reviewed for proper recordings in pre designed structured form.

Results In this duration, total 52 PNBS were done while only 38 forms were filled for audit. Among these 38 blocks, 30 blocks (78.9%) were for lower limbs, 6 (15.7%) for upper limbs and 2 (5.2%) for abdominal procedures. The Prep (preparation) of drugs, equipments and area was done 100% as per hospital policy. However, Stop was done ‘verbally’ only for 15 (39.4%) blocks. But ‘mark’ was checked in 36 (94.7%) blocks. Finally, Block was given immediately in 37 (97.3%) blocks and it was delayed in 1 (2.6%) block but Prep, stop was not repeated for that block.

Conclusions Conducting an audit on Prep, stop and block protocols is essential for every hospital in which peripheral nerve blocks are done. It avoids the inadvertent wrong sided block