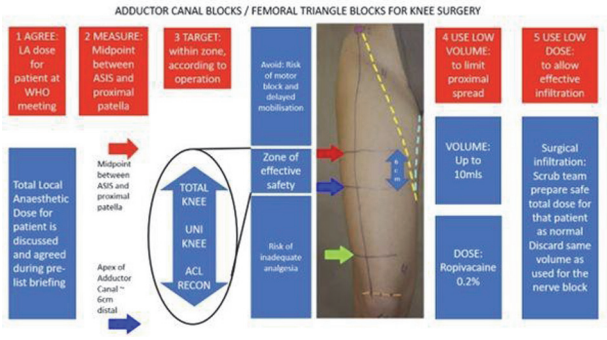
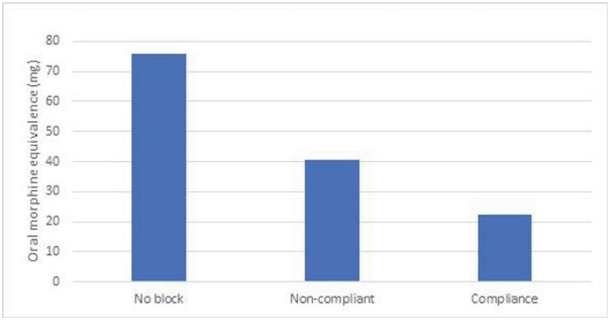
of local anaesthetic used, and 24-hour post-operative opiate consumption. Two cycles were performed; one pre-SOP introduction, one six months post-introduction. For comparison, data were grouped as 'compliant with recipe,' 'non-compliant' or 'no ACB performed.'



Abstract LB5 Figure 1

Results Pre-SOP, a total of 17 different ACB recipes were utilised, with large variations in post-operative opiate consumption. Re-audit showed utilisation of ACB in 70% of cases, and 57% compliance with SOP when ACB was performed. Post-operative opiate consumption decreased when ACB was compliant versus non-compliance, from 40.4mg to 22.5mg oral morphine equivalence. When ACB was not used, opiate consumption was markedly higher at 76mg.



Abstract LB5 Figure 2

Conclusions Appropriately sited low volume, low concentration ACB can improve patient experience post-UKR. Introduction of a local SOP in such patients has shown good clinician uptake in addition to reduced post-operative analgesia use. Further targeted clinician education will now aim to improve performance and patient outcomes.

LB6 CAUDAL ANAESTHESIA CAN BE A GOOD ALTERNATIVE IN ADULT PATIENTS WITH SEVERE VERTEBRAL COLUMN ANOMALIES

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10.1136/rapm-2022-ESRA.525

Background and Aims We report a challenging case of 40yr old short stature(133cm), malnourished (32kgs) patient who had postpoliomyelitis complications with lower limb contractures and severe kyphoscoliosis and difficult airway presented with abnormal uterine bleeding posted for transabdominal hysterectomy.

Methods We attempted dural puncture at 3 different levels for multiple times under ultrasound guidance but was not successful.So as a plan B, we identified caudal epidural space under ultrasound guidance and catheter threaded and fixed for continuous caudal anaesthesia. After giving 12ml of 0.25% of bupivacaine in incremental doses over 15mins,achieved T6 sensory block. Surgery completed in 1hr.Intraoperative period was uneventfull.

Results T6 sensory level block achieved with 12ml of 0.25% bupivacaine given through caudal epidural catheter, which lasted for 120mins.

Conclusions Caudal epidural anaesthesia can bea good choice in patients with severe vertebral column anamolies where we could not achieve central neuraxial block at lumbar levels.

LB7 COMBINATION OF SERRATUS ANTERIOR PLANE CATHETER FOR UNSTABLE SEVERAL RIB FRACTURES AND SUPERIOR TRUNK CATHETER OF THE BRACHIAL PLEXUS FOR BROKEN SCAPULA AND CLAVICLE

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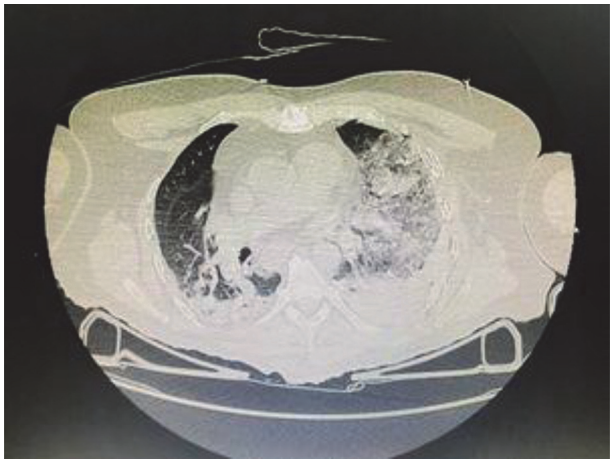
10.1136/rapm-2022-ESRA.526

Background and Aims A 50 year-old male, ASA II has had suffered high energy blunt thoracic trauma from a road traffic accident presented with left-sided thoracic and upper limb trauma. On presentation had mild respiratory distress despite being hemaodynamically stable and an oxygen saturation of 93% on room air. Head and cervical spine were negative. Thoracic scan showed displaced rib fractures 1st to 7th and concomitant ipsilateral severe lung contusion, fractured scapula, clavicle and three thoracic vertebrae. Patient required fixation of four ribs and his elbow. Neighter the vertebrae, nor the clavicular and scapular fractures needed operative treatment.



Abstract LB7 Figure 1

Methods In order to facilitate extubation and physiotherapy a superficial serratus anterior catheter were placed under ultrasound guidance and once loaded with 20 mL bupivacain 0.25% patient succesfully extubated on high-flow nasal