Exclusions included age <18, isolated sternal fracture, and direct transfer to the major trauma centre (MTC).

Results Patients had an average age of 74, Rockwood frailty score of 3.6. 40% of cases presented on weekends or bank holidays, 34% out of hours (17:00–08:00 Monday-Friday) with only 26% presenting during normal working hours (Monday-Friday 08:00–17:00). The mean time from referral to review was 5 hours 26 minutes (range 22 minutes to 21.5 hours) with an average time to block placement an additional 5 hours 40 minutes (range 33 minutes to 22 hours). Most blocks were performed out of hours (33% weekday night, 17% weekend day, and 28% weekend night), with only 22% during weekday daylight hours.

Abstract LB13 Figure 1

Conclusions The majority of referrals and blocks are performed out of hours which can introduce significant delays. We aim to implement a dedicated block service for catheter insertion during daylight hours, and provision of single-shot blocks out of hours with a view to improving early access to regional anaesthesia for chest trauma.

Abstract LB14 Figure 1

Results Tarlov cysts are an uncommon cause of back pain. Tarlov cysts are fluid-filled sacs that most often affect nerve roots at the lower end of the spine. Such cysts typically cause no symptoms and are found incidentally in magnetic resonance imaging (MRI) studies done for other reasons. (1)

Conclusions in some cases, the cysts expand, putting pressure on the affected nerve root. The results may include sharp, burning pain in the hip and down the back of the thigh, possibly with weakness and reduced sensation all along the affected leg and foot. Tarlov cysts sometimes enlarge enough to cause erosion of the surrounding bone, which is another way they may cause back pain.

In most cases, Tarlov cysts require no treatment. For those that do, some surgical treatments — such as draining the cyst, have had promising results. (1)

Abstract LB15

Comparing Postoperative Analgesic Effectiveness of Ultrasound Guided Ilioinguinal-Iliohypogastric Transversusplane-block and Transmuscular Quadratuslumborum Plane-block in Cesarean Section

Background and Aims Both IL-IH TAP PLANE and TRANS-MUSCULAR QL blocks are used in providing postoperative analgesia for abdominal surgeries. Here we are comparing these two techniques in post-caesarian section surgery in terms of VAS scores, first rescue analgesia, total analgesic consumption, ease of identifying sonoanatomy and time taken to perform block. It has been shown by several studies that TRANS MUSCULAR QL block gives both visceral and somatic analgesia, thereby providing better analgesia.

Methods 40 parturients undergoing caesarian section with ASA grade I, II & III were included. This is a prospective randomised singleblinded study. The patients are divided into two groups. Group I and Group Q. Group I received 20 ml of 0.125% Bupivacaine deposited IL-IH TAP plane. Group Q received 20 ml of same drug deposited in TRANS MUSCULAR QL plane on both sides. An observer blinded to the block given records the VAS scores, first rescue analgesic dose & total analgesic consumption. We also observed the time taken to perform block and ease of identifying sonoanatomy.
Background and Aims

Anesthesiologists now days are facing a burden of anesthetising post-Covid patients with lung fibrosis, atelectasis and other respiratory complications. Regional anesthesia can be offered to such patients in the form of continuous fractional spinal anesthesia. We present our experience of managing a patient with post COVID lung posted for hepaticojejunostomy.

Methods

43 years male patient with post COVID Lung and reduced ejection fraction was posted for elective hepaticojejunostomy. He had post Covid lung fibrosis and spo2 of 94%. Functional capacity <4, sabrase breath holding test <15 ,2D echo findings : Global hypokinesia of left ventricle with ejection fraction of 30% Chest X-ray findings: multiple small consolidated radiodense lesions noted in bilateral lung fields. In view of his compromised cardiopulmonary reserve we chose continuous fractional spinal Anesthesia over general Anesthesia. Patient was preloaded with 200ml RL over 15min and Graded continuous fractional spinal anesthesia was performed with 18G Tuohy needle and intentional dural puncture was done at the level of L1-L2 and 20G catheter was introduced and 2cm catheter placed in subarachnoid space.0.5% Hyperbaric bupivacaine was given in graded manner through the catheter(0.6+0.6+0.6+0.6+0.6+0.6+0.6+0.6+1+0.6+0.6+0.6 +0.5),T4 level of sensory blockade was achieved and intraoperative haemodynamics were stable.

Results

Continuous fractional spinal anesthesia offers the advantage of fractionating the doses of local anesthetic in the subarachnoid space and has lesser effect on respiratory and cardiac physiology.

Conclusions

Continuous spinal anesthesia (CSA) is a safer alternative technique to general anesthesia in patients with severe cardio - respiratory disease in whom general anesthesia could result in prolonged ICU stay.