

Abstract LB22 Table 1

Table 1: Results from Surgical Site Marking Questionnaire

Surgical Site Marking (SSM) questionnaire responses	n=45
Correct labelling of mark on multiple sites	n=5 (100%)
Labelling with water insoluble pen	n=41 (91%)
Marking using correct arrow symbol	n=41 (91%)
Checking the surgical mark at the WHO Time Out	n=38 (84%)
Visibility of mark after prepping and draping	n=29 (65%)

Conclusions 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.

LB23 POINT-OF-CARE GASTRIC ULTRASOUND: A TRAINING OPPORTUNITY TO ENHANCE DECISION-MAKING AND IMPROVE PATIENT SAFETY?

S Kaur*, Y Kukreja, D Patel. *Leicester General Hospital, Leicester, UK*

10.1136/rapm-2022-ESRA.542

Background and Aims Aspiration accounts for 50% of anaesthesia related deaths. Inadequate pre-operative risk assessment is one of the contributing factors.¹ Point-of-care gastric ultrasound (POC-USG) is a novel but valid diagnostic tool to quantify gastric volume (GV) and ascertain risk of aspiration.²

The aims of our project were to determine, in fasted patients undergoing emergency surgery:

- if quantitative and qualitative methods of assessment of gastric volume (GV) correlate with each other
- if GV assessment identifies at high risk of aspiration, and
- if higher risk of aspiration was identified, whether this changed the plan for airway management

Methods Patients booked onto the emergency list were prospectively scanned using low frequency 1–5MHz curvilinear transducer. GV was estimated by inputting cross sectional area of the antrum in the right lateral decubitus position (RLD-CSA) into a validated model². This was compared to acceptable GV determined by the patient's weight (low risk for aspiration = $<1.5\text{ml kg}^{-1}$; high risk $>1.5\text{ml kg}^{-1}$)². Qualitative assessment was categorised as grade 0–2 based on antrum appearance. Risk was communicated to the anaesthetist and the final airway plan recorded.

Results There was 100% (n=15) correlation between qualitative and quantitative methods. 3 were identified at high risk of aspiration (GV $>1.5\text{ml kg}^{-1}$). All these patients were fasted $>6\text{h}$. 2 had a change in airway plan and 1 patient was undergoing a regional technique.

Conclusions Fasting $>6\text{h}$ 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.

LB24 PENG BLOCK FOR POSTOPERATIVE ANALGESIA IN PATIENTS UNDERGOING SURGICAL CORRECTION OF TRAUMATIC PROXIMAL FEMORAL FRACTURES OR TOTAL HIP ARTHROPLASTY

D Gonçalves, C Peixoto de Sousa, F Teixeira, D Morais, C Santos, G Norte, D Roriz*. *Anesthesiology Department, Centro Hospitalar Trás-os-Montes e Alto Douro, Vila Real, Portugal*

10.1136/rapm-2022-ESRA.543

Background and Aims After surgical correction of proximal femoral fractures or total hip arthroplasty severe pain scores are expected. Insufficient pain control in the postoperative period compromises recovery and increases the risk of developing chronic pain. Pericapsular nerve group (PENG) block, described in 2018, is an interfascial plane block that targets the articular branches of the femoral, obturator, and accessory obturator nerves. Blocked branches convey nociceptive information, preserving motor function and, as such, early ambulation and active collaboration in rehabilitation programs are favored. This study aims to compare the analgesia provided by PENG block with that obtained by performing femoral nerve block or iliac fascia block.

Methods A retrospective study was performed including patients from 2018 to 2022 who underwent total hip arthroplasty or surgical correction of traumatic proximal femoral fractures. The effectiveness of PENG block, iliac fascia block and femoral nerve block was compared by using pain scores and requirement of rescue analgesia. This work was approved by the ethic committee.

Results A total of 479 patients were enrolled for this study. Comparing the different techniques of locoregional analgesia performed, no differences were found.

Conclusions The PENG block appears to be an easy-to-perform technique with the benefit of preserving motor function associated with adequate control of postoperative pain, allowing adherence to early rehabilitation programs, reducing the risk of falls and patient satisfaction.

LB25 CUMULATIVE RADIATION DOSE EXPOSURE IN FLUOROSCOPY-GUIDED EPIDURAL INTERLAMINAR LUMBAR STEROID INJECTIONS

¹V Dzabijeva*, ²I Logina, ¹S Petronis, ¹A Gomonecs. ¹Rigas 2nd Hospital, Riga, Latvia; ²Riga Stradins University, Riga, Latvia

10.1136/rapm-2022-ESRA.544

Background and Aims Fluoroscopy-guided epidural interlaminar steroid injections (FEISI) widely used for managing low back pain (LBP). There is lack of data on cumulative radiation dose (CRD) in patients receiving more than one FEISI (1).

It is very important to determine CRD for three consecutive FEISI and to define factors that correlate with higher dose area product (DAP) or prolong fluoroscopy time (FT).

Methods Three groups of patients: LBP duration for one, two and more than two years. One-way ANOVA and independent t-test used to compare FT.

Results 64 females and 36 males (mean age 51 y.o.), mean LBP time 2.1 years. Mean cumulative DAP 833.54cGycm2