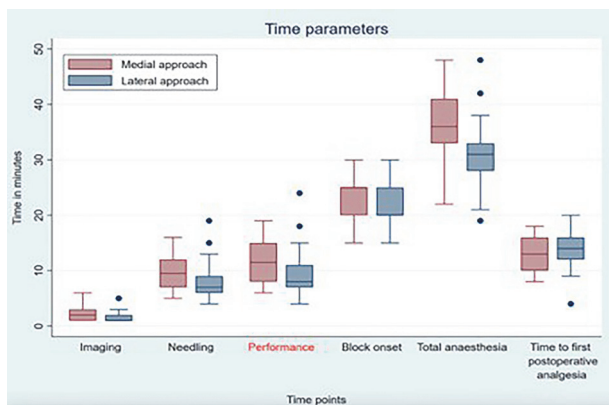


Abstract EP194 Table 2 Shows the performance time in performing the block by two approaches

PERFORMANCE TIME	GROUP M	GROUP L	DIFFERENCE OF MEAN (95% CI)	p-value
AS PER RANDOMISATION	11.9 ± 3.8	9.4 ± 4.1	2.4 (0.3 to 4.5)	0.023
AS PER TREATMENT RECEIVED	11.7 ± 3.9	9.7 ± 4.2	2.0 (-0.05 to 4.2)	0.056



Abstract EP194 Figure 1 Shows box & whisker plot for performance time and secondary outcomes like imaging time, needling time, block onset time, total anaesthesia time and time to first postoperative analgesia

Conclusions Our findings revealed medial approach have no significant advantage over lateral approach with regards to performance time, imaging time, needling time, total anaesthesia time and performer difficulty but with marginally higher block success rate.

EP195

ULTRASOUND-GUIDED NEURAXIAL ANESTHESIA USING ACCURO HANDHELD DEVICE COMPARED WITH TRADITIONAL PALPATION TECHNIQUE: A SYSTEMATIC REVIEW AND META-ANALYSIS OF RANDOMIZED CONTROLLED TRIALS

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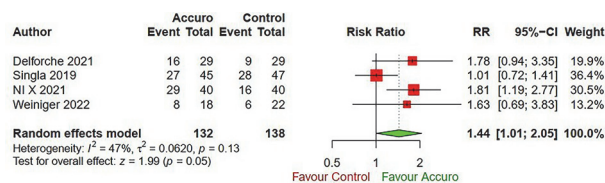
Application for ESRA Abstract Prizes: I apply as an Anesthesiologist (Aged 35 years old or less)

Background and Aims Neuraxial anaesthesia is a common effective anaesthesia technique. Traditional palpation is the usual technique for detecting the vertebral interspace, but it has limitations. A novel hand-held ultrasound guidance device,

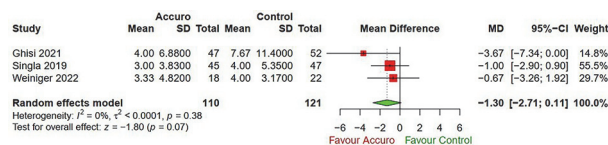
Accuro, has been used recently. This systematic review and meta-analysis aimed to evaluate the efficacy and safety of ultrasound-guided neuraxial anaesthesia compared to traditional palpation in patients undergoing neuraxial anaesthesia.

Methods Randomized controlled trials were sought in six databases for a systematic review and meta-analysis. With a 95% confidence interval, a random-effects model calculated Risk Ratio or Mean Difference. Cochrane Risk of Bias tool assessed bias. Five RCTs were included, a total of 369 patients. This review was registered with PROSPERO with the identifying code CRD42023416937.

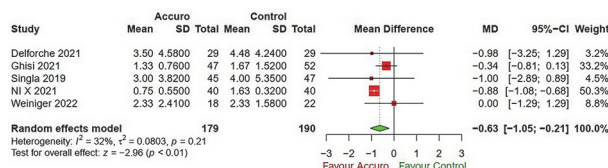
Results Five studies with a total of 369 patients met our criteria. The risk of bias in four studies was low and there was some concern in one study. First insertion success rate showed a favorable risk ratio for the Accuro compared to Palpation, the risk ratio was 1.44 [95% CI 1.01 – 2.05, P= 0.05], Accuro caused a significant reduction in needle skin passes [MD -0.63; 95% CI (-1.05; -0.21); p<0.01], while failing to demonstrate a significant reduction in needle redirection [MD -1.31 (95% CI: [-2.71; 0.11], p = 0.07)]. Procedure time was significantly shorter in palpation [MD 127.82; 95% CI (8.68; – 246.97); p=0.04]



Abstract EP195 Figure 1 Forest plot of the first insertion success rate



Abstract EP195 Figure 2 Forest plot of the rate of needle redirections



Abstract EP195 Figure 3 Forest plot of the number of skin passes

Conclusions Accuro is effective in reducing the number of trials needed to perform a successful insertion for spinal anaesthesia and the results of our meta-analysis support the use of Accuro in clinical practice.