

**Abstract EP238 Table 3** Assessment of motor, sensory function and adverse effects**Table 4.** Assessment of motor, sensory function and adverse effects

	ISB (n = 38)	PLO-SCB (n = 38)	P value
<b>Sensory</b>			
30 min after block (2 / 1 / 0)	34 (89.5) / 4 (10.5) / 0 (0.0)	31 (81.6) / 7 (18.4) / 0 (0.0)	0.516
24 h after surgery (2 / 1 / 0)	37 (97.4) / 1 (2.6) / 0 (0.0)	37 (97.4) / 1 (2.6) / 0 (0.0)	1.000
<b>Motor</b>			
30 min after block (2 / 1 / 0)	34 (89.5) / 4 (10.5) / 0 (0.0)	33 (86.8) / 4 (10.5) / 1 (2.6)	1.000
24 h after surgery (2 / 1 / 0)	37 (97.4) / 1 (2.6) / 0 (0.0)	34 (89.5) / 4 (10.5) / 0 (0.0)	0.358
<b>Handgrip strength</b>			
Comparing baseline to 30 min after block (kg)	24.76 (24.98)	37.81 (28.26)	0.036
Comparing baseline to 24 h after surgery (kg)	16.83 (19.61)	13.15 (26.12)	0.49
<b>Adverse effects</b>			
Dyspnoea	4 (10.5)	1 (2.6)	0.355
Numbness	4 (10.5)	3 (7.9)	1.000
Motor weakness	1 (2.6)	1 (2.6)	1.000
Horner's syndrome	3 (7.9)	2 (5.3)	1.000
Hoarseness	0 (0.0)	0 (0.0)	1.000

Categorical variables are expressed as number (%). Sensory 2, normal; 1, loss of pinprick sensation; 0, loss of light touch sensation; Motor 2, normal; 1, decreased; 0, none.

**Results** Incidence of HDP was significantly lower in the PLO-SCB group than in the ISB group at 30 min after block (28 of 38 [73.7%] vs. 0 of 38 [0%];  $p < 0.001$ ) and 24 h after surgery (18 of 38 [47.4%] vs. 9 of 38 [23.7%];  $P = 0.002$ ). Pain scores measured immediately (1 [0,2] vs. 1 [0,1];  $p = 0.06$ ), and 24 h after surgery (6 [4,8] vs. 5 [3,7];  $p = 0.199$ ) were similar between the two groups.

**Conclusions** Continuous PLO-SCB showed minimal effect on phrenic nerve function while providing equivalent analgesia to continuous ISB in patients undergoing arthroscopic shoulder surgery. For single-shot injection, low-volume PLO-SCB achieves a 0% rate of HDP while maintaining analgesia. PLO-SCB could be applied even in patients with a high risk of postoperative respiratory complications.

**EP239****A CASE OF DYSAUTONOMIA IN CRPS: A NINE YEARS FOLLOW UP OF A VERY RARE AND COMPLEX PATIENT**

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**Background and Aims** CRPS is a debilitating condition of chronic pain that challenges both patient and physician, with often detrimental results that can go all the way even to decision of mutilating the affected limb. Our objective is to evaluate efficacy, decision making and patient satisfaction, as well as complications of treatments of a very rare and complex case of CRPS that progressed with dysautonomia syndrome.

**Methods** Analysis of data collected from progression of disease through a nine years follow-up of a specific patient with CRPS of the left arm, with onset of symptoms after a procedure for epicondylitis that injured the left radial nerve at the level of the elbow. A review of literature is included to examine the connection of the two conditions.

**Results** Through the course of nine years the patient underwent approximately 34 interventions, from conservative medical treatments to intravenous ketamine, neuromodulation techniques, spinal injections and other blocks, radiofrequency ablations, intrathecal pump implantation in various pain centers. The recent years there was a need to incorporate treatments also for more generalized autonomic dysfunction, like neurogenic bladder, respiratory and cardiovascular manipulations, and also gastrointestinal dysfunction.

**Conclusions** CRPS is a condition that requires continues medical care, adjustment of treatments and monitoring for new symptoms. Although it is not clear that dysautonomia directly connects with CRPS, studying cases for a long period of time may reveal there is a common basis. More important is that all symptoms should be addressed in time and any physician's bias should not hinder their diagnosis and treatment.

**EP240****DEVELOPMENT AND DELIVERY OF ULTRASOUND GUIDED PERIPHERAL NERVE BLOCK SERVICE IN A HIGH BURDEN LOW RESOURCE SETTING**

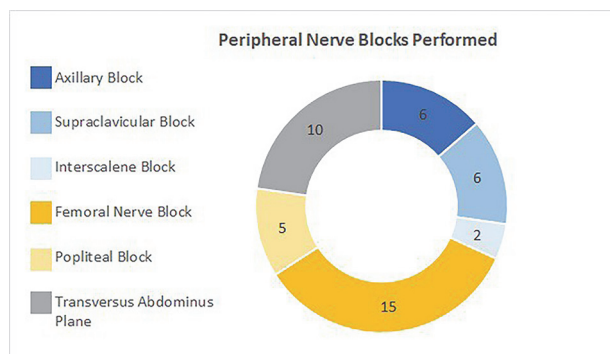
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**Background and Aims** Ultrasound guided peripheral nerve blocks (USG-PNBs) have many benefits in a high burden low resource settings. These range from reduced airway related complications to decreased need for opioid analgesics. Barriers to performing USG-PNBs tend to surround education and equipment accessibility. At Queen Elizabeth Central Hospital, Malawi, there was access to ultrasound equipment and a learning cohort of over 30 anaesthetic trainee providers. As visiting anaesthetists to Malawi, our aim was to explore the delivery of USG-PNBs within this clinical setting.

**Methods** An assessment of current practice for performing USG-PNBs in theatres was carried out. This involved reviewing theatre workflow and stakeholder (surgical, recovery, and anaesthetic providers) discussions. Following this, practical teaching and supervision sessions were provided. This included the consent process, anatomy revision using free apps, scanning and needling techniques and safe use of local anaesthetics.

**Results** We found that stakeholders were receptive to USG-PNB use. Concerns raised included delays to theatre lists and desire for trainee supervision. Collaboration with surgeons and flexibility in timing of blocks increased the delivery of PNBs. Some trainees had received previous teaching, as such, we focused on technique and building confidence. Over a 2-month period, 20 lower limb, 14 upper limb and 10 abdominal plane blocks were performed by physician and clinical officer trainees (figure 1).



Abstract EP240 Figure 1 Peripheral Nerve Blocks performed

**Conclusions** The use of USG-PNBs was well received by surgical and anaesthetic providers. We found a flexible supervisory approach enhanced the opportunities. A follow up study will need to be carried out to address issues of sustainability and skill retention.

## ePoster session 7 – Station 5

EP241

### EFFECT OF IRRIGATION FLUID TEMPERATURE ON HYPOTHERMIA OF PATIENTS UNDERGOING TURP UNDER SPINAL ANESTHESIA

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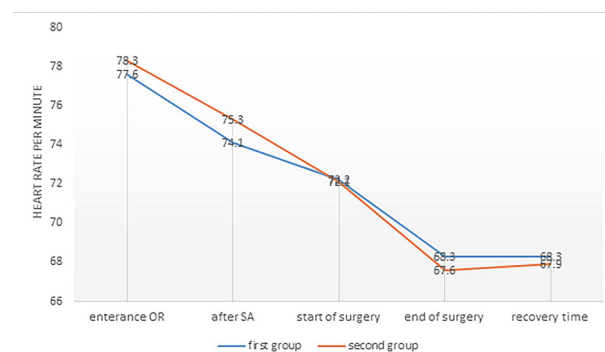
10.1136/rapm-2023-ESRA.301

**Background and Aims** The occurrence of hypothermia increases complications during and after surgery. This study was conducted with the aim of comparing the effect of lavage fluid temperature in terms of the incidence of hypothermia in TURP surgery candidates under spinal anesthesia.

**Methods** 70 patients candidates for elective TURP were randomly divided into two groups. The first group (37) received irrigation fluid at room temperature and second group (33) received irrigation fluid heated to 37 degrees Celsius for surgery. Parameters of patients were initially measured upon entering the operating room, after spinal, at the beginning of the operation, at the end of the operation and also during recovery.

**Results** The drop in the body temperature in the control group was more than the intervention group ( $p=0.04$ ). There was no statistically significant difference between two groups in the analysis of changes in mean arterial blood pressure and heart rate ( $p>0.05$ ). There was no statistically significant difference between the two groups in terms of the average volume of lavage serum consumed during the operation, the comparison of hemoglobin before and after the operation, the

incidence and severity of shivering and the duration of recovery and hospitalization. However, in terms of the need for blood transfusion and the number of blood units consumed during the operation, there was a statistically significant difference between the two groups ( $p<0.05$ ).



Abstract EP241 Figure 1 (Chart 2) Changes in average mean heart rate(HR) in patients of two groups

**Conclusions** Use of heated irrigation fluid to body temperature is associated with less occurrence of hypothermia, shivering and less need for blood transfusion than the group receiving washing solution at room temperature.

Research Ethics hypothermia in TURP

EP242

### HIP FRACTURE SURGERY – IS THE ANAESTHESIA PRACTICE CHANGING POST COVID-19 PANDEMIC? – AN ONLINE SURVEY OF ANAESTHETISTS

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**Background and Aims** According to national hip fracture database report 2022 nearly 75000 patients a year need hospital admission with hip fracture and some of them need surgery. AAGBI 2020 hip fracture guidelines suggests use of either general or spinal anaesthesia with a nerve block. We aimed to look at how the anaesthetic and postoperative analgesia techniques have evolved across UK post COVID 19 pandemic in comparison to existing guidelines.

**Methods** We conducted an online international survey of anaesthetists who work in trauma list along with an infographic of various nerve blocks for hip fracture. We publicised through emails, social media and face to face during RA-UK conference 2023. We had 64 responses with the participation

(48) skewed towards East midlands region of England.

**Results** In Hip fracture database of England and Wales 2019 report 57.2% patients had general anaesthesia with nerve block and 39.8% had spinal anaesthesia with nerve block. In our survey anaesthetists' preference has changed drastically with 76.6% preferring spinal anaesthesia with nerve block and 10.9% preferring general anaesthesia with nerve block. 6.3% of responding anaesthetists do not prefer to perform any nerve blocks.