Abstract #35885 Table 1 Demographics

Mean Age	39.6 years(±19)
Median Age	34 years
Gender	39% Female

Abstract #35885 Table 2 Total 261 direct access from theatre records

Year	Patients	(Block Bay involvement %)
2019	77	
2020	27	(55%)
2021	68	(43%)
2022	85	(46%)

Abstract #35885 Table 3 Surgical speciality

Orthopaedic/Trauma	63%
Plastics	29%
Other	8%

Abstract #35885 Table 4 Policy adherence (n=233)

Total Sedation	14.6%
-Sedation at Block Bay	6.9%
-Sedation in Theatre	7.7%
Generai Anaesthesia	2.6%
Admission & Discharge	91.4%
DOS	
No In patient Bed	66.5%
Allocated	

Abstract #35885 Table 5 Patients admitted overnight (n=20)

Mean Age	39.7 (Range 18-80)
Gender	30% Female
Length of stay	
1 night	80%
2 nights	15%
4 nights	5%
Discharged DOS	60%
Regional Anaesthesia Block	50%
Sedation	15%
General Anaesthesia	5%

Conclusions Our review reflects a pathway that minimises in-hospital time as 91% cases admitted and discharged on the same day. Policy adherence is high with very low sedation, GA and Overnight-Admission rates. The overall number of 'Direct Access' cases highlights the need for promotion of this pathway locally to increase traffic through our Block Bay which will benefit both patients and Anaesthesia trainees alike.

Direct Access service review Results Tables 1-5

#36259 NALOXONE INFUSION FOR THE RELIEF OF CHOLESTATIC PRURITUS: PRESENTATION OF A CLINICAL CASE

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10.1136/rapm-2023-ESRA.393

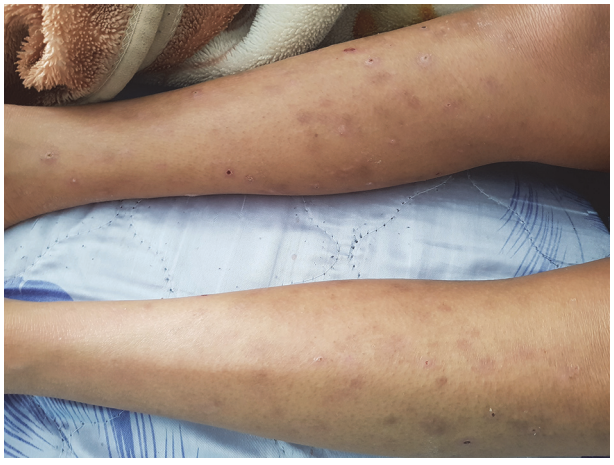
Please confirm that an ethics committee approval has been applied for or granted: Not relevant (see information at the bottom of this page)

Application for ESRA Abstract Prizes: I don't wish to apply for the ESRA Prizes

Background and Aims Introduction Pruritus is a disabling, irritating sensation common to patients with variable skin and systemic disorders [1]. We describe the case of a young patient with disabling cholestatic pruritus, relived by infusion of naloxone.

Methods Présentation of case A 34-year-old patient presents with sclerosing cholangitis symptoms that appeared 15 days after neurosurgery for atypical Grade II meningioma; requiring additional radiotherapy which was not done before the onset of cholestasis. initially attached to the phenobarbital prescribed postoperatively but it continued to progress relentlessly. MRI has objective Cholangitis, no inflammatory syndrome, normal Gamma globulins, negative hepatic autoimmune balance sheet. liver biopsy puncture: cholestasis without signs of inflammation, without granulomas. the pruritus is resistant to cholestyramine, ursolvan (at 25 mg/kg/d), and antihistamines. the patient presents with intense pruritus figures 1, 2, with repercussions on her quality of life. In the intensive care unit, she received a Naloxone infusion. Favorable evolution of the symptomatology and relief of the patient from the first hour of infusion without side effects during 48 hours spent in intensive care.

Results Discussion A stepwise therapeutic approach is recommended for the management of cholestatic itch. Cholestyramine is considered first-line, followed by rifampin, naltrexone [2] The hypothesis that increased central opioidergic tone contributes to the pruritus of cholestasis justifies the treatment of this form of pruritus with opioid antagonists.



Abstract #36259 Figure 1 Scratch lesions due to cholestatic pruritus

Abstract #36259 Figure 2 Scratch lesions due to cholestatic pruritus

Conclusions Naloxone has relieved the unpleasant sensation that leads to the urge to scratch from cholestatic pruritus, the symptomatic treatment of which is not very effective at the present time

#36447 OPIOID FREE ANESTHESIA TO A PATIENT IN A DRUG REHABILITATION PROGRAM GUIDED BY THE NOL INDEX (NOCICEPTION LEVEL INDEX)

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10.1136/rapm-2023-ESRA.394

Please confirm that an ethics committee approval has been applied for or granted: Not relevant (see information at the bottom of this page)

Application for ESRA Abstract Prizes: I don't wish to apply for the ESRA Prizes

Background and Aims The perioperative pain management of patients in a drug rehabilitation program is a challenge, as trying to meet their needs in analgesia without bypassing the rehabilitation program. The opioid free anesthesia is gaining ground for these patients lately. The recent entry of the NOL index (Nociception Level Index) may constitute valuable aid in the intraoperative assessment of analgesia.

Methods A 60-year-old man, with history of IV heroin dependence, in a methadone(70mg daily) rehabilitation program, ASA II, attended our hospital for cholecystectomy and bile duct exploration. Opioid free anesthesia was administered (according to Mulier protocol-Mullimix: 50μg dexmedetomidine, 500mg lidocaine, 50mg ketamine diluted in 100ml NS). Loading was done with 1μg/kg dexdemetomidine in 15 min and MgSO4 40mg/kg. Also parecoxib and dexamethasone were administered. Induction in anesthesia was carried out with Mullimix 0.2 ml/kg, propofol 2 mg/kg and rocuronium 0.6 mg/kg. The maintenance was done with desflurane and mullimix 0.2ml/kg/h initially, and the dose was titrated with maintaining the NOL ratio at values of 10-25. 2g of paracetamol were administered 30 min before the end of the operation and the wound was infiltrated with 40 ml of ropivacaine 0.375%. Methadone intake was continued throughout the perioperative period. Postoperative analgesia included paracetamol 4g and parecoxib 80mg daily.

Results Pain assessment was performed in the PACU, and every 4 hours for the first 48 hours with NRS values (numerical rate scale) < 4. The patient received no other opioids.

Conclusions Guided by analgesia monitoring, opioid free anesthesia can be an efficient method for patients in rehabilitation programs.

#35884 COMPARISON OF ULTRASOUND TISSUE SIMULATOR AND NEEDLE TRAINER IN A SIMULATED TRAINING ENVIRONMENT AMONG NOVICE ANAESTHESIOLOGY TRAINEES IN REGIONAL ANAESTHESIA

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Background and Aims Utilising ultrasound technology has resulted in higher success and lower complication rates during regional anaesthesia (RA) procedures. Proper training is necessary to accurately identify structures, optimise images, and improve hand-eye coordination. Simulation training using immersive virtual environments and simulation models has enabled this competency training to be conducted safely before performing on patients. We conducted a study to compare the simulator performance and users' feedback on a Blue Phantom Regional Anaesthesia Ultrasound Training Block (BP) and NeedleTrainer (NT).

Methods Forty-seven participants (anaesthesiology and non-anaesthesiology practitioners) were recruited via convenient sampling during a RA workshop for novice practitioners. They were divided into the NT or BP group and then crossover to experience both NT and BP. Time-to-reach-target, first-pass success rate, and complication rate were assessed, while the learning and confidence scores were rated using six-item and three-item questionnaires, respectively, via a 5-point Likert scale.

Results BP group has a longer time-to-target as compared to the NT group (20±20 vs 10±9 sec, p=0.002), higher first-pass success rate (100% vs 80.9%), and lower complication rate (0% vs 19.1%). Higher learning satisfaction scores (26.7 ±3.1 vs 24.7±4.5, p=0.002) and confidence scores after training (13.1±1.9 vs 11.9±2.3, p<0.001) were recorded among the BP group. Further analysis is shown in table 1.