



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)

Jason Kalyvas*, Diamanto Dimitroula, Dimitris Iason Kalyvas, Amalia Douma, Christina Chantzi, Antonia Dimakopoulou. *Anesthesia, General Hospital of Athens, G. Gennimatas, Athens, Greece*

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 dexmedetomidine 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

¹Weng Ken Chan*, ¹Kok Wang Tan, ¹Iskandar Khalid, ²Affah Samsudin, ³Asmah Azizeh, ³Vimal Varma Spor Madiman, ¹Azarinah Izaham, ¹Mohammad Nizam Mokhtar. ¹Anaesthesiology, Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia; ²Anaesthesiologist, Universiti Teknologi MARA, Kuala Lumpur, Malaysia; ³Anaesthesiology, Universiti Teknologi MARA, Kuala Lumpur, Malaysia

10.1136/rapm-2023-ESRA.395

Please confirm that an ethics committee approval has been applied for or granted: Yes: I'm uploading the Ethics Committee Approval as a PDF file with this abstract submission

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

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.