



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*

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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 Azizah, 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

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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.

Abstract #35884 Table 1 Sub-group analysis among participants in BP and NT group

Designation	BP				NT			
	Time-to-target	Learning satisfaction	Confidence	p value	Time-to-target	Learning satisfaction	Confidence	p value
Specialist	13 [3]	0.01*	0.27*	0.59*	8 [3]	0.32*	0.01*	0.02*
Medical students	9 [4]	28 [4]	13 [3]	13.5 [3]	6 [4]	27 [4]	13 [3]	
Medical officer	11 [4]	27 [4]	13 [3]	13 [3]	6 [4]	24 [7]	13 [3]	
Specialty								
Anesthesiology	15 [4]	0.87*	0.54*	0.40*	8 [4]	0.74*	0.16*	0.67*
Non-anesthesiology	16 [12]	27 [4]	13 [3]	14 [3]	7 [3]	24.5 [7]	12 [3]	
Gender								
Male	14 [3]	0.42*	0.00*	0.01*	8 [3]	0.82*	0.88*	0.37*
Female	14 [14]	28 [5]	12.5 [3]	15 [3]	8 [7]	24.9 [7]	11.9 [3]	
Frequency of performing a RA block								
At least once a week	11 [7]	0.08*	0.63*	0.99*	6 [3]	0.15*	0.65*	0.12*
At least once a month	17 [14]	27 [7]	13 [3]	13 [3]	8 [7]	24.9 [7]	11.9 [3]	
At least once a year or never	10 [9]	28 [4]	13 [3]	13 [3]	8 [3]	15 [7]	12 [3]	

* Kruskal-Wallis test. * Mann-Whitney test. * p<0.05. Data were presented as median and interquartile range [IQR].

Conclusions We postulated that the artificial intelligence structure recognition software enables NT users to attain shorter time-to-target. In conclusion, BP provides better operator learning satisfaction, improved confidence, higher success and lower complication rates among novice RA practitioners, possibly due to greater tactile feedback during the simulated training.

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#35955 INADVERTED INTRATHECAL INJECTION OF ATROPINE AND ANAPHYLACTIC SHOCK

Silvia De Miguel Manso*, Rocío Gutiérrez Bustillo, Carlota Gordaliza Pastor, Pilar Olmedo Olmedo. *Anesthesiology and Resuscitation, University Clinical Hospital of Valladolid, Valladolid, Spain*

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Background and Aims Medication errors are a common source of iatrogenicity. Intrathecal administration of wrong drugs can be life-threatening. A patient suffered an anaphylactic shock after accidental intradural administration of atropine. The aim of this work is to find out if these two facts were related.

Methods Performing spinal anesthesia for postoperative pain treatment, inadvertent intrathecal injection of 0.2 mg of atropine instead of morphic chloride occurred to a patient. General anesthesia was induced and then the error was discovered. Surgery was performed without incidents until intravenous administration of metamizole, when severe hypotension underwent. It was resolved with norepinephrine and epinephrine and he recovered without sequelae. Investigating about this episode, authors carried out a bibliographic search in Pubmed, without limiting dates, for studies in which intrathecal administration of atropine was described, in order to find similar cases, consequences and its management.

Results We found that intrathecal atropine is described by several studies as prevention of postoperative nausea and vomiting after caesarean section with spinal anesthesia. As far as the patient was concern, subsequent allergy testing showed that he was allergic to metamizole, concluding that the episode of hypotension had been consequence of an anaphylactic shock due to this drug, and no related with the medication error.

Conclusions It has been shown that anticholinergics can be used for prevention of postoperative nausea and vomiting in different routes of administration, including intrathecal route at small doses. Regarding medication errors, a good practice protocol is necessary to avoid serious consequences that, fortunately in this case, did not occur.

#36390 A CASE OF ANTI SYNTHETASE SYNDROME WITH INTERSTITIAL LUNG DISEASE FOR LAPAROSCOPIC SURGERY

Zanariah Yahaya*. *Women Anaesthesia, KKH, Singapore, Singapore*

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Background and Aims Anti-synthetase syndrome (ASS) is a rare chronic autoimmune disorder of unknown cause. The hallmark of ASS is the presence of serum autoantibodies directed against amino act-tRNA synthetase. ASS is 2-3 times more common in women than in men. The morbidity and mortality of ASS are usually linked to pulmonary findings.

Methods 48 years old lady who was diagnosed having Anti - Synthetase syndrome in 2020. She has interstitial lung disease with pulmonary function test of FeV1 1.4 (61%) FVC 1.65 (61%) and DLLO 40%. She was scheduled for total laparoscopic hysterectomy and salpingoophrectomy. She was assessed by respiratory unit pre operative where surgical risk was moderate, aim for early mobilisation and suggested for spinal anaesthesia if possible. Rheumatologist was also consulted preoperatively. The surgery was conducted under general anaesthesia with IPPV and securing the airway, neuromuscular blockade monitoring and surgeon was told to be careful with the intraabdominal pressure. The surgery went well she was extubated with sugamadex.

Conclusions ASS is a rare idiopathic inflammatory multi system disorder which can lead to serious postoperative complications secondary to muscle weakness and respiratory complications. As laparoscopic surgery requires inflation of gas to intra abdominal cavity and head down position during the surgery

, regional anaesthesia would be a challenge for this patient. A multidisciplinary teams including respiratory unit, rheumatology, physiotherapist and anaesthesiology is essential in the care of a patient with ASS.

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#34723 LIDOCAINE SPRAY VERSUS OTHER FORMS FOR LOCAL ANESTHESIA IN UPPER GASTROINTESTINAL ENDOSCOPY: A SYSTEMATIC REVIEW AND META-ANALYSIS

¹Theerada Chandee*, ¹Sudsayam Manuwong, ²Saritphat Orrapin, ¹Neranchala Soonthornkes, ²Prasit Mahawongkajit, ¹Chuleerat Suptongchai, ¹Thanatcha Luangmaneerat. ¹Anesthesia, Thammasat University, Pathumthani, Thailand; ²Surgery, Thammasat University, Pathumthani, Thailand

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Background and Aims Pharyngeal anesthesia before esophago-gastroduodenoscopy (EGD) reduces pain and discomfort. Many forms of lidocaine are used as local anesthesia.