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

	BP						NT					
	Time-to-target	p value	Learning satisfaction	p value	Confidence	p value	Time-to-target	p value	Learning satisfaction	p value	Confidence	p value
Designation												
Specialist	13 [10]	0.017[a*]	28 [6]	0.278[a]	13 [3]	0.599[a]	6 [3]	0.324[a]	27.5 [6]	0.01[a*]	13 [3]	0.02[a*]
Masters students	9 [8]		28 [4]		13.5 [3]		8 [6]		27 [9]		13 [3]	
Medical officer	21 [14]		27 [5]		13 [3]		8 [6]		24 [7]		11 [3]	
Specialty												
Anaesthesiology	15 [16]	0.87[b]	27 [6]	0.548[b]	13 [3]	0.403[b]	8 [6]	0.742[b]	24.5 [7]	0.168[b]	12 [3]	0.675[b]
Non-anaesthesiology	16 [12]		28 [6]		14 [3]		7 [3]		26 [6]		12 [5]	
Gender												
Male	14 [13]	0.425[b]	25 [5]	0.005[b*]	12.5 [3]	0.015[b*]	8 [3]	0.82[b]	24.5 [7]	0.863[b]	11.5 [5]	0.377[b]
Female	16 [18]		28 [4]		15 [3]		7 [7]		26 [8]		12 [3]	
Frequency of performing a RA block												
At least once a week	11 [7]	0.08[b]	27.5 [4]	0.639[b]	13 [3]	0.957[b]	6 [3]	0.152[b]	26.5 [9]	0.614[b]	13 [3]	0.128[b]
At least once a month	17 [18]		27 [7]		13 [3]		8 [7]		24.5 [7]		11.5 [2]	
At least once a year or never	20 [9]		28 [6]		13 [3]		8 [3]		25 [7]		12 [5]	

[a] Kruskal-Wallis test. [b] 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.
Attachment Ethics approval.pdf

#35955 INADVERTED INTRATHECAL INJECTION OF ATROPINE AND ANAPHYLACTIC SHOCK

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10.1136/rapm-2023-ESRA.396

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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 inyection 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 INTERSTIAL LUNG DISEASE FOR LAPAROSCOPIC SURGERY

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Application for ESRA Abstract Prizes: I don't wish to apply for the ESRA Prizes
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 salphingoophrectomy . 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.
Attachment Esra Abstract.pdf

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

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10.1136/rapm-2023-ESRA.398

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Application for ESRA Abstract Prizes: I don't wish to apply for the ESRA Prizes
Background and Aims Pharyngeal anesthesia before esophagogastroduodenoscopy (EGD) reduces pain and discomfort. Many forms of lidocaine are used as local anesthesia.