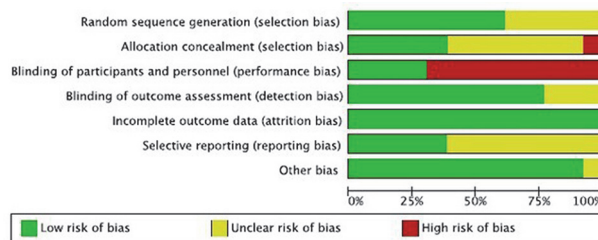


However, it remains unclear which method is the best. We aimed to assess effective each lidocaine's form during EGD compared with spray.

Methods We searched PubMed, Scopus, EMBASE, the Cochrane Central Register of Controlled Trials, CENTRAL, Web of Science Core Collection, World Health Organization, International Clinical Trials Registry Platform, and Clinical-Trials.gov databases in December 2022. Selection criteria were randomized controlled trials comparing lidocaine spray with other forms (gel, lozenges, nebulized, popsicle, and viscous) in EGD. Outcomes of interest included ease of instrumentation, participants' satisfaction scores, tolerance scores, or pain, endoscopist's satisfaction scores, and procedural time.

Results We included 13 trials with 3,711 participants undergoing EGD. The quality of trials was poor. Lidocaine spray provided better ease of instrumentation (Risk ratio (RR) 1.19, 95% confident intervals (CI) 1.06, 1.34; I²=66%; very low certainty of evidence), decreased participants' pain (Mean difference (MD) 0.38, 95% CI 0.25, 0.5; I²=92%; very low certainty of evidence), and shorter procedural time (MD 0.22, 95% CI 0.10, 0.35; I²=13%; low certainty of evidence). However, spray had lower participants' highest satisfaction scores (RR 0.83, 95% CI 0.76, 0.92; I²=62%; very low certainty of evidence), participants' mean satisfaction scores (MD -0.61, 95% CI -0.29, -0.04; I²=92%; very low certainty of evidence), participants' tolerance scores (RR 0.83, 95% CI 0.71, 0.97; I²=0%; low certainty of evidence), and endoscopist's satisfaction scores (MD -0.33, 95% CI -0.45, -0.21; I²=94%; very low certainty of evidence).



Abstract #34723 Figure 3 Risk of bias graph

Conclusions Lidocaine spray may be better for ease of instrumentation during EGD. However, evidence is still determined due to the quality of trials.

#36076 INVESTIGATING THE MOST DIFFICULT CONCEPTS IN ANAESTHESIA FOR MEDICAL STUDENTS

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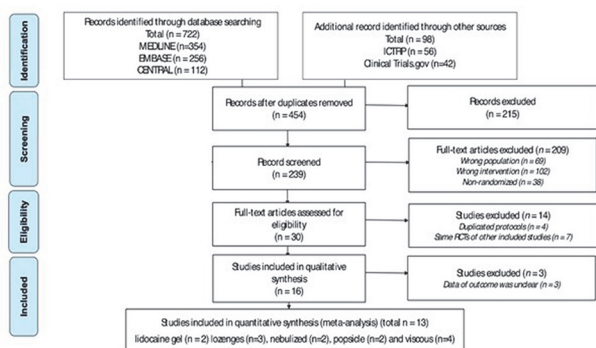
Please confirm that an ethics committee approval has been applied for or granted: Not relevant (see information at the bottom of this page)

Background and Aims In clinical postings, time for teaching is limited. To maximize effectiveness, educators should prioritize teaching topics that students struggle to learn independently. We surveyed medical students to identify these topics and better inform lesson planning.

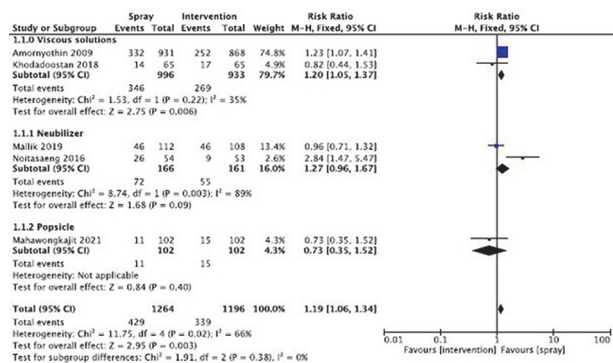
Methods We derived the anaesthesiology curriculum from the textbook 'Anaesthesiology Student Survival Guide'. With input from an anaesthetist educator and a pilot survey, we identified the 5 most important and challenging concepts from major topics including Pharmacology & Physiology, Intensive Care, Peri-operative Care, and Traditional Anaesthesia. We then asked clinical year medical students at the Lee Kong Chian School of Medicine, Singapore to rate the concepts (1 to 5, 5 indicating extreme difficulty). We also surveyed why they found these concepts challenging and how they overcame the difficulties.

Results We received 139 out of a maximum of 394 responses (35.3% response rate), yielding a margin of error of ±6.70% at the 95% confidence interval. The hardest concepts are as follows (with scoring): Pharmacology & Physiology: Pharmacokinetics of anticoagulants (3.25/5), context sensitive half-life (3.56/5) Intensive Care: Approach to hypo/hyperthermia (3.34/5) Peri-operative Care: Capnograph interpretation (3.06/5), minimum alveolar concentration (MAC) (3.47/5) Traditional Anaesthesia: Neuromuscular blocking agents (3.12/5), nerve block anatomy (3.56/5) For intensive care, lack of practice was the main challenge, while for the other topics, it was difficulty understanding the concepts. The most effective learning method for all topics was a teaching by someone else.

Conclusions Our study identifies key anaesthesiology topics and effective teaching strategies for educators, helping to



Abstract #34723 Figure 1 Preferred reporting items for systematic reviews and meta-analyses (PRISMA) flow diagram



Abstract #34723 Figure 2 Forest plot of ease of instrumentation

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optimize limited clinical posting time and improve student understanding.

#36044 PERIOPERATIVE HYPERSENSITIVITY REACTION AFTER AN OPHTHALMOLOGIC BLOCK: CASE REPORT

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Background and Aims Perioperative hypersensitivity reactions (PHR) are of great concern to anesthesiologists daily. During a procedure, several agents are administered sequentially in any anesthesia, which can trigger allergic reactions of lesser or greater severity. Otherwise, anaphylaxis is a severe, life-threatening, systemic allergic reaction that occurs rapidly after exposure to a sensitizing agent.

Results Case report: 56 years-old female, ASA P1, without any known allergies, was admitted to right eye trabeculectomy. Sedation was performed with midazolam and fentanyl to perform the peribulbar block of the eye under adequate asepsis, with injection of 5 ml of 1% ropivacaine and 300 UI of hyaluronidase, with Nicoll Scale, equal to 8, four-quadrant akinesia. After 3 hours, the patient presented slight edema in periorbital tissue, with spontaneous regression of the condition. After 5 days, the patient returned to the clinic to perform the same surgery the eye due procedure failure. After a few minutes from the blockade, the patient presented an important periorbital cold edema, associated with nausea and urticaria, and the diagnostic hypothesis of PHR class II of Ring & Messmer Scale was suggested. The treatment was immediately performed with aliquots of 20mcg of adrenaline, 250 mg of hydrocortisone and clinical support, that led to regression of the symptoms.



Abstract #36044 Figure 1 Associated edema after the second block – Class II of Ring & Messmer Scale

Conclusions

Discussion Recently, a new consensus was released about the nomenclature of perioperative hypersensitivity, since some terms are not used anymore. Besides that, the variability of symptoms challenges the anesthesiologist in care of the patient, that can be able to diagnose and treat any suspected perioperative allergic reactions.

#34113 DISTAL APPROACHES OF ULTRASOUND-GUIDED INTERCOSTAL NERVE BLOCK IN PATIENTS WITH ACUTE ZOSTER-ASSOCIATED PAIN: A QUANTITATIVE DESCRIPTIVE RESEARCH

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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 Nerve blocks are commonly performed to prevent the chronicity of postherpetic neuralgia in the acute phase. This study investigated whether distal approaches of intercostal nerve block are effective for zoster-associated pain in the thoracic spinal cord region.

Methods This was a descriptive study conducted between January 2013 and January 2023, targeting patients who visited our department within three months of onset and received nerve blocks. Patients who underwent pulsed radiofrequency treatment were excluded. The Conventional (C) group received conventional treatments such as paravertebral, epidural, and intercostal nerve block, while the Peripheral (P) group received nerve blocks at distal sites of intercostal nerves, such as the serratus anterior plane block, rectus sheath block, and transversus abdominis plane block. The duration of nerve block required by patients was examined.

Results There were 18 patients in the C group and 19 in the P group. There were no significant differences in age, affected spinal cord site, presence of sleep disorders, presence of risk factors for refractory cases, duration to initial visit, or EQ-5D score. The median duration of nerve block requirement was 35 (7-97) days in the C group and 18 (7-38) days in the P group.

Conclusions The distal approaches of intercostal nerve block may also be a treatment option in patients with acute zoster-associated pain.

Attachment (Form2) Approved by IRB #2022-024.pdf

#34837 DECISION-MAKING FRAMEWORK TO UNDERTAKE REGIONAL ANAESTHESIA IN PATIENTS WITH POOR COMORBIDITIES AND DIMINISHED MENTAL CAPACITY

Tong-Khee Tan*. *Array, Array, Array*

10.1136/rapm-2023-ESRA.402