

confidence as trainees progress in training, with trainees undertaking advanced training getting more experience and more confidence to practice independently. However, achieving this for all trainees will require focus from trainers within the region including providing more access to training, courses and increasing the frequency of clinical opportunities.

### #36356 DIFFERENCE BETWEEN 'PREMATURE' AND 'ADEQUATE' TRANSFUSION- WHY IS IT SO DIFFICULT?

Melita Buljan\*. *Department of Anesthesiology, Intensive Care Medicine and Pain Management, University Hospital Merkur, Zagreb, Croatia*

10.1136/rapm-2023-ESRA.409

**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** Optimum transfusion trigger for elderly patients undergoing hip fracture repair is still uncertain. During the last decade „patient blood management' (PBM) and its three treatment „pillars' has emerged as a part of surgical patients care. The aim of this study was to evaluate the reason for transfusion in elderly surgical hip fracture patients, with preexisting anemia – strategy addressed to the 3. pillar of PBM.

**Methods** Elderly patients (age 65 or over) with preexisting anemia (WHO definition) undergoing surgery for hip fracture between February 2020 and December 2022 were retrospectively evaluated. Only patients receiving blood transfusion perioperatively were included in this study: because of hemoglobin level (<80 g/L), sign and symptoms indicative of anemia (physiological trigger), patients' comorbidities, or combination of each. Mercuriali algorithm was used for all patients, calculating tolerated red blood cell loss, (tRRCV), and perioperative red blood cell loss (pRRCV). Patients perioperative data were statistically analyzed.

**Results** A total 65 anemic patients were included, average age 85 years, 85% female. Patients in group I (40 patients, tRRCV < pRRCV) had lower preoperative hemoglobin ( $106 \pm 8$  g/L vs  $112 \pm 10$  g/L), and had higher transfusion index ( $591 \pm 223$  vs  $335 \pm 158$  mL) than group II (25 patients, tRRCV

>pRRCV). Physiological trigger was the main reason for transfusion in both groups. There was no statistically significant difference according to reason of transfusion between two groups.

**Conclusions** Perioperative anemia in elderly patients poses a clinical challenge. Despite intense research to identify an optimal transfusion trigger for patients, larger clinical trials are needed to prove the outcome benefit.

### #34666 CASE REPORT: ABLATION OF RENAL TUMOUR IN HIGH BMI PATIENT UNDER SINGLE SHOT PARAVERTEBRAL AND REMIFENTANIL

<sup>1</sup>David Lorigan\*, <sup>2</sup>Suresh Kuthanur-Natarajan. <sup>1</sup>Dublin, Ireland; <sup>2</sup>Anaesthesiology, Saint James Hospital, Dublin, Ireland

10.1136/rapm-2023-ESRA.410

**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** Managing patients with multiple comorbidities is an increasingly common requirement of anaesthesiologists. This is compounded by the increasing demand for anaesthesia to be provided outside of the operating theatre. The role of regional anaesthesia and its use in avoiding the general physiological changes associated with general anaesthesia is becoming increasingly apparent.

**Methods** Our patient is a 60 year old male presenting for radiofrequency ablation of a renal tumour. His medical history was relevant for tuberculosis involving his lungs and pericardium for which he had undergone a right lower lobectomy and pericardiectomy, and Ulcerative Colitis for which he had undergone a subtotal colectomy. His comorbidities included Chronic Obstructive Pulmonary Disease for which he was on 6 litres/minute of portable oxygen, obstructive sleep apnoea requiring CPAP, recurrent chest infections, Atrial fibrillation on Rivaroxaban, Liver Cirrhosis Childs Pugh A, Grade 1 Obesity, Type 2 diabetes, Gout, steroid induced myopathy.

**Results** We report the use of an ultrasound guided paravertebral block in conjunction with monitored sedation using remifentanyl to facilitate radiofrequency ablation of a low grade clear cell renal tumour. The procedure was tolerated well with satisfactory ablation of the tumor. Mr. EL was discharged the day after his procedure for follow up imaging in 4 months.

**Conclusions** The use of a regional technique allowed us to avoid the complications of general anaesthesia in this high-risk gentleman, while facilitating the ablation of his renal tumor. Paravertebral blocks serve an increasingly important role in facilitating ablation of solid organ tumours, including lung, liver and kidney, in our institution.

### #35788 ACUTE PAIN PROTOCOL FOR SICKLE CELL CRISIS – QUALITY IMPROVEMENT PROJECT

<sup>1</sup>Siyun Xie\*, <sup>1</sup>Elizabeth Nguyen, <sup>2</sup>Jameson Dowell, <sup>1</sup>Esteban Esquivel, <sup>3</sup>Moe Ameri, <sup>3</sup>Melissa Victory Brodman, <sup>4</sup>Adebukola Owolabi. <sup>1</sup>Anesthesiology, University of Texas Medical Branch, Galveston, USA; <sup>2</sup>John Sealy School of Medicine, University of Texas Medical Branch, Galveston, USA; <sup>3</sup>Internal Medicine, University of Texas Medical Branch, Galveston, USA; <sup>4</sup>Anesthesiology, UT MD Anderson, Houston, USA

10.1136/rapm-2023-ESRA.411

**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** Pain from sickle cell crises can be challenging to manage when patients experience intractable pain with high opioid requirements. We aim to decrease average hourly pain score by 20% over first four days of admission and decrease average length of stay by 20% for sickle cell admissions to UTMB by implementing an acute pain protocol for hospitalists and the Acute Pain Service to standardize pain management.

**Methods** Being devoid of patient identifiable information, this study is exempt from IRB review requirements as per UTMB policy. We conducted a cohort study with a retrospective review of a control group (18 inpatient sickle cell patients)