

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?

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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, (tRBCV), and perioperative red blood cell loss (pRBCV). 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, tRBCV < pRBCV) had lower preoperative hemoglobin (106±8 g/L vs 112±10 g/L), and had higher transfusion index (591±223 vs 335±158 mL) than group II (25 patients, tRBCV

>pRBCV). 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

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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

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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)

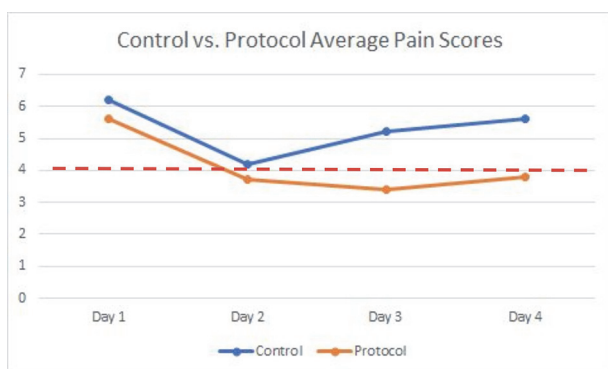
Application for ESRA Abstract Prizes: I don't wish to apply for the ESRA Prizes

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.

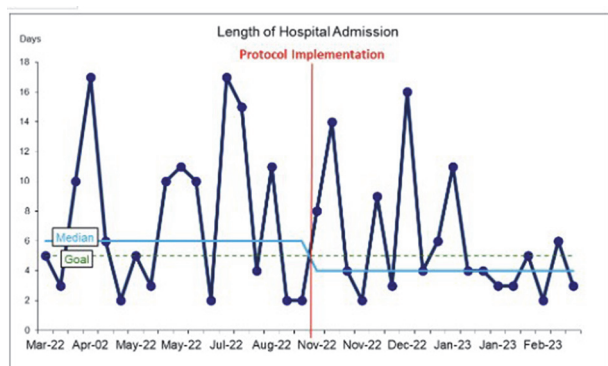
Methods Being devoid of patient identifiable information, this study is exempt from IRB review requirements as per UTMB policy. We conducted a cohort study with a retrospective review of a control group (18 inpatient sickle cell patients)

and a protocol group (18 patients) with the acute pain protocol implemented.

Results The protocol group's average hourly pain score for day 1 (5.6/10), day 2 (3.7/10), day 3 (3.4/10) and day 4 (3.8/10) were lower compared to the control group for day 1 (6.2/10), day 2 (4.2/10), day 3 (5.2/10) and day 4 (5.6/10). Average hourly pain scores for days 1-4 were lower by 24% (difference averaged over 4 days) in protocol group vs control group. The protocol group's average days of admission was lower (5.9) than the control group (7.5) with a 21% difference.



Abstract #35788 Figure 1 Average hourly pain score



Abstract #35788 Figure 2 Average length (days) of hospital admission

Conclusions We achieved our aim with faster pain control and shorter hospital stays. Next steps include creating a protocol for emergency physicians for earlier pain control. Overall, protocol-based pain management facilitated faster pain control, leading to more effective medical management – an approach that can be applied to hospital-wide admissions involving pain.

#35861 A QUALITATIVE STUDY OF PATIENTS' ATTITUDES TO AWAKE ORTHOPAEDIC SURGERY UNDER REGIONAL ANAESTHESIA

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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)

Application for ESRA Abstract Prizes: I apply as an Anaesthesiologist (Aged 35 years old or less)

Background and Aims Though awake surgery may minimise risk and reduce inpatient stays, uptake of awake surgery remains low. This qualitative study aimed to provide the baseline for future intervention development by identifying and characterising the qualitative barriers and drivers of awake surgery.

Methods Post-operative semi-structured interviews using a 14-item interview were conducted with 19 people (12 females, seven males) undergoing day case orthopaedic surgery. Mean interview length was 34.8 minutes (SD 11.4 minutes). Interviews were transcribed verbatim and analysed using Thematic Analysis. Triangulation of themes generated high inter-rater agreement (96%).

Results Two superordinate themes were identified: (1) Generation of anaesthetic preferences; and (2) Optimising pre-operative anaesthetic discussion. Strong preconceptions about the efficacy and appropriateness of general anaesthesia (GA) combined with pre-surgical online research to inform patient decision-making processes, were biased against regional anaesthesia (RA). Optimising the timing and content of pre-surgical anaesthetic consultations was felt to build rapport, elevate locus of control and increase satisfaction with care. Rushed, pressured conversations acted as barriers to RA uptake, risking patient disengagement and jeopardising informed consent. Developing rapport with the anaesthetist in advance of the day of surgery facilitated awake surgery willingness

Conclusions The anaesthetic decision is highly personal and online research generated preconceptions, advantaging GA above RA. To facilitate informed decision-making, attention-diversion methods and engaged, patient-focused interpersonal clinical interactions acted as facilitators of awake surgery. This research demonstrated a novel area for patient-centred care enhancement: the need to optimise the timing, content and interpersonal dynamics involved in patient-anaesthetist interactions about RA.

#36262 BIER BLOCKS IN AMBULATORY SURGERY: A WELLCOMED COMEBACK OR OLD NEWS?

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10.1136/rapm-2023-ESRA.413

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

Background and Aims Intravenous regional anaesthesia, commonly known as Bier Block (BB), consists of administering a local anesthetic into the venous system of an exsanguinated limb that is isolated from the systemic circulation by a tourniquet. It is a simple technique that does not require the use of an ultrasound device, provides a blockade that is quickly installed and reversed and a surgical field with minimal blood loss. For this reasons it has a lot o potential in ambulatory surgery.