Conclusions

We found a relevant participation of mitochondrial metabolism in the PPI network that has not been mentioned before as a pain onset in CRPS, but at the same time presence of pain has been reported in patients with mitochondrial disease, the essential role that it could play in the sudden development of pain in CRPS needs to be further analyzed.

Background and Aims

Formal Regional Anaesthesia (RA) training in our hospital was established 20 years ago. A survey was conducted on the experience of formal RA training delivered over this period.

Methods

We identified 78 anaesthetists who completed formal RA training at the Nuffield Orthopaedic Centre (NOC), Oxford since 2003. 65 anaesthetists, whose contact details were confirmed, were emailed an anonymous survey via Survey Monkey or Microsoft Forms. Phase 1 spans 2003 – February 2020, before WHO declared Covid-19 Pandemic (February 2023 and included questions concerning the impact of the Covid-19 Pandemic (17- vs 27-questions).

Results

Most respondents identified their main aim in RA training was to gain practical skills. Anaesthetists were most confident in performing single-shot ultrasound guided RA limb blocks and central neuraxial blocks. 81% of those working as consultant anaesthetists (25/31) agreed RA training in Oxford helped secure their desired consultant post. Since Covid-19 Pandemic, a higher level of direct supervision was provided. 76% (16/21) respondents’ RA training was affected, with less clinical exposure and educational events being the main reasons.
Conclusions Our survey suggested high quality of RA training was provided in a supportive environment, rising to the challenge of Covid-19 Pandemic [2]. Some respondents significantly enhanced their non-technical skills leading to successful career progression. The new 2021 RCoA Training Curriculum emphasizes a wide range of ultrasound guided RA training during stage 2 [3]. It is too early to determine the effect of new curriculum on RA training locally and nationally, which needs further evaluation.

Abstract #35044 A QUALITATIVE ANALYSIS OF INTRAOPERATIVE ACUPUNCTURE FOR NOSOCOMEPHOBIA: THE UNSEEN PATIENT

Sophie had avascular necrosis in both hips and suffered PTSD from a previous traumatic event. Intraoperative acupuncture calmed her hospital anxiety, allowing her to have both hips replaced. Olivia has PTSD and a hospital phobia since age 12. Acupuncture reduced her anxiety about a total hip replacement.

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Background and Aims Nosocomephobia, a type of PTSD, is an extreme fear of hospitals. Hospital phobia is usually caused by a traumatic hospital experience. If untreated, nosocomephobia can hinder medical care. There is little research on how nosocomephobia affects elective surgery and how acupuncture can help patients cope with it. Using the transactional model of stress and coping, this qualitative case study examines acupuncture’s role in nosocomephobia patients’ elective surgery appraisal process.

Methods Individual interviews were conducted with participants to inquire about their nosocomephobia and prior hospital experiences. Six reviewers coded the interview transcripts line-by-line. Reviewers labeled meaningful words, phrases, and sentences and produced over 600 codes. All reviewers discuss and identify themes by grouping similar codes and resolving discrepancies. A thematic analysis was used to develop final themes for this study. The coding process was conducted in Dedoose.

Results Sophie had avascular necrosis in both hips and suffered PTSD from a previous traumatic event. Intraoperative acupuncture calmed her hospital anxiety, allowing her to have both hips replaced. Olivia has PTSD and a hospital phobia since age 12. Acupuncture reduced her anxiety about a total knee arthroscopy. Thematic analysis showed how nosocomephobia impacted patients’ views of surgery and distinguished between their unique fear rationale. The transactional model of stress and coping illustrated patients’ appraisal process from surgery (stressor) to coping (acupuncture) to reappraisal (mental state).

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Abstract #35044 Figure 1 A theoretical map of the appraisal process