requirements in the setting of lower extremity amputation. Therefore, it should be considered as part of a blood conservation strategy.

**Attachment** Patient Consent for Publication.pdf

**#36104** MUSIC IN PERI OPERATIVE CARE
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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** Peri-operative pain is mostly managed pharmacologically. Evidence suggests 75% of patients feel anxious pre surgery, and 40-65% moderate to severe pain post-operatively, leading onto distress, dissatisfaction and prolonged hospital stay. Alternative cost effective modalities including music may help, with beneficial effects on stress responses and reduced medication requirements.

**Methods** PubMed, MBase, GoogleScholar searches

**Results** A recent meta-analysis evaluated RCT's on effects of music intervention on anxiety and pain levels before and after surgery. Of the 92 RCT's identified, 81 were included and found a significant reduction in all these measures. Individual preferences for certain music types and rhythm and harmony were noted. While evidence was compelling publication bias and heterogeneity were noted. Future study The IMPROVE study (Netherlands) aims to be the first study actively implementing music intervention in a colorectal surgical cohort. Qualitative methods assessing patients and professionals attitudes towards musical interventions, and a multifaceted strategy to optimise delivery of music, followed by evaluation of effects and experiences of the intervention, and adjustments that may need to be made is planned. The intervention includes pre, intra and post-operative targeted music with at two 30 minute sessions daily during the whole hospital stay and surgical procedure. Aims include providing a systematic framework on the implementation of music intervention in real clinical settings.

**Conclusions** A willingness to seek alternative, holistic, patient centred approaches to care and acknowledging the impact of calming distraction strategies, such as music in peri-operative care, that are also low in cost and harm is seen with both published and planned research.

**#36337** SEVERE HAND PAIN IN IV-STAGE LERICHE-FONTAINE PERIPHERAL ARTERY DISEASE(PAD): COMBINATION BETWEEN REGIONAL ANESTHESIA(RA) AND OZONE(O3) THERAPY FOR RECOVERY OF MICROCIRCULATION. A CASE REPORT

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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 Anesthesiologist (Aged 35 years old or less)

**Background and Aims** PAD induces severe and disabling pain with gradual functional impairment and progressive circulation disorder leading to gangrene. Affection of microcirculation rarely develops an effective compensatory mechanism and can’t be treated surgically. RA reduces pain and induces vasodilation, acting on sympathetic and sensitive nerve fibers. O3 therapy promotes nitric oxide release resulting in vasodilation, improves O2 delivery and activates mediators involved in endothelial regeneration. We hypothesized that the combination of RA and O3 could be effective for pain relief and reactivation of microcirculation.

**Methods** We treated 1 male patient(68y), with a critical, bilateral upper extremities PAD not amenable to revascularization surgery and with severe pain(NRS=10), poor responsive to drugs. Signs of chronic ischemia, including gangrene, were present. The last chance treatment was the amputation of both hands. We performed autohemotherapy(30 ml of blood + 30 ml of O2O3 blend at 40 mcg/ml of concentration) twice a week + digital nerve block with levobupivacaine 0,15% + subcutaneous infiltration of O2O3 at 10 mcg/ml.

Abstract #36337 Figure 1 Hands before treatment

Abstract #36337 Figure 2 Hands after treatment