CONCLUSIONS Many of patients with OVCF indicated for kyphoplasty are elderly with severe comorbidities, which puts them at high risk for GA. Surgery performed under RA associated or not to mild sedation offers an interesting alternative to GA. ESP at the level of the vertebral fracture achieves optimal analgesic conditions as PRV for kyphoplasty. The advantages of ESP are its ease of performance and a better safety profile. Therefore, in this patient, considering medical history, ESP could be the best anesthetic strategy.

PERIOPERATIVE FLUID FASTING IN ELECTIVE UPPER LIMB SURGERY IN A TERTIARY ORTHOPAEDIC HOSPITAL

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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)

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Background and Aims Total Knee Arthroplasty (TKA) remains a painful procedure, requiring a multi-modal analgesic approach. There is a push for day case surgery due to the associated poorer mortality and morbidity that comes with increased length of stay; as well as the greater cost. To facilitate day case TKA, long-acting analgesic strategies such as perineural catheters and modified release opioids are looked upon. Exparel is a long-acting liposomal bupivacaine that has the potential to take the place of these aforementioned techniques. As part of a service improvement project we introduced Exparel in patients receiving a TKA and assessed impact upon length of stay.

Methods At our hospital patients undergoing elective knee arthroplasty are normally given spinal or general anaesthesia plus a combination of blocks; sub-sartorial +/- anterior-cutaneous nerves of the thigh +/- iPACK, adductor hiatus blocks or posterior surgical infiltration. We substituted 20mls of levobupivacaine for 20mls of Exparel. We then looked at post-operative length of stay.

Results 10 patients undergoing elective total knee arthroplasty received levobupivacaine/Exparel mixture and had an average length of stay of 1.8 days. This is in contrast to our Model Hospital data for 2022/23 which shows an average length of stay of 3.4 days.

Conclusions The addition of Exparel reduced our average length of stay which is in keeping with a study by Malige et al. We plan to continue the TKA service improvement project in an attempt to find the best analgesic strategy that facilitates same day discharge.

Attachment Exparel – HRA decision tool – not research.pdf