



**Image 1. Ultrasound anatomy after ESP block.**

TP, transverse process, PL, pleura; ESM, erector spinae muscle; N, needle; LA, Local Anesthetic spread.

**Abstract #35807 Figure 3** Ultrasound anatomy thoracic ESP block

**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.

**#35875 PERIOPERATIVE FLUID FASTING IN ELECTIVE UPPER LIMB SURGERY IN A TERTIARY ORTHOPAEDIC HOSPITAL**

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10.1136/rapm-2023-ESRA.433

**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** Fasting guidelines have been established to reduce the risk of a pulmonary aspiration event in patients undergoing anaesthesia. Excessive fasting can contribute to anxiety, nausea, dehydration and physiological derangement. In practice, patients are likely to be fasted for longer than the conventional times. The aim of our project was to identify the average length of fluid fast in our elective patients.

**Methods** This was a retrospective case-note review of 50 patients undergoing elective upper limb surgery in our tertiary orthopaedic institution. Their reported fasting times for solids and liquids were recorded. Their sent for operation times were interrogated from Operating Room Management Information System (ORMIS) computer system. This information was subsequently compiled into a datasheet.

**Results** The average fasting time for solids was 14h 30mins. The average conventional fluid fasting time was 3h 29 mins. When this adjusted to a sent for operating time, the average time was 6 h 11min (range 0min to 18h 10 min). 16% of patients included in the study were fluid fasted for greater than 12 hours.

**Conclusions** Our study revealed excessive fasting times in the majority of our patients. Evidently a two-hour fluid fasting target becomes a longer fast in the real world. We have adapted our current fasting guidelines to align with progressive institutions which use a sip-till-sent approach to allow 170ml of water each hour until sent for operating (Checketts 2023). We will re-audit these times after implementation of the guideline.

**#36155 THE USE OF EXPAREL IN KNEE ARTHROPLASTY: A SERVICE IMPROVEMENT PROJECT**

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10.1136/rapm-2023-ESRA.434

**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** 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 anaesthetic 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