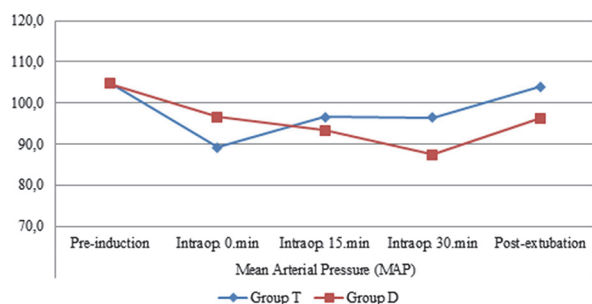


Abstract #36552 Figure 1 Heart rates



Abstract #36552 Figure 2 Mean arterial pressure changes

Conclusions The dexmedetomidine as an adjuvant to bupivacaine in the bilateral subcostal TAP block will provide stable hemodynamics. It should be supported by studies with large participation.

Attachment zeki tez etik.pdf

#36485 ARE WE ALL READY TO PERFORM & TEACH THE PLAN-A BLOCKS?

Madan Thirugnanam*. *Anaesthetics/Pain Medicine, University Hospitals of Derby and Burton NHS Foundation Trust, DERBY, UK*

10.1136/rapm-2023-ESRA.556

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 The 2021 curriculum for anaesthetists in training in the United Kingdom recognises the importance of regional anaesthesia. All anaesthetists in training are now expected to be able to perform regional anaesthesia to the abdominal wall, chest wall, lower limb and upper limb independently by the end of their training. The Regional Anaesthesia UK (RA-UK) Plan A blocks documents provide a framework for regional anaesthetic techniques covering each region of the body. We wanted to assess the readiness of our department to be able to perform and/or teach these skills.

Methods We designed an anonymous questionnaire to assess the readiness of permanent staff members within our department to perform and teach each technique listed in the RA-UK plan A blocks, including catheter techniques.

Results 62 responses were received. Of these, 47 were from consultants or locally employed doctors who would be expected to supervise trainees during their daily work. Table 1 demonstrates that, In our institution we identified a high proportion of permanent staff members able to teach the upper and lower limb plan A blocks, but a much lower confidence level with trunk blocks.

Conclusions This survey demonstrates the need to focus on training of the permanent staff body in plan A trunk blocks in particular before we can reliably teach anaesthetists in training. 92% respondents felt future departmental teaching/sessions on scanning and teaching on Plan A blocks would be helpful for their development, including the use of perineural/fascial plane catheter techniques.

Attachment Plan A blocks abstract.pdf

#35963 WALANT TECHNIQUE FOR HAND SURGERY: WHAT'S THE ADVANTAGE? – CASE REPORT

¹Beatriz Xavier*, ²Susana Maia, ²Miguel Sá, ²Joana Barros, ²Delilah Gonçalves, ²José Carlos Sampaio, ²Catarina Sampaio Martins. ¹Anesthesiology, Centro Hospitalar de Trás-os-Montes e Alto Douro, Peso da Régua, Portugal; ²Anesthesiology, Centro Hospitalar de Trás-os-Montes e Alto Douro, Vila Real, Portugal

10.1136/rapm-2023-ESRA.557

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 Regional anesthesia has been used for hand surgeries for many years, but a recent technique has been becoming increasingly popular: the 'wide-awake local anesthesia no tourniquet' (WALANT). This allows the combination of sensitive block and a bloodless field, with preservation of motor function.

Methods We selected a 63-year-old male patient with an old traumatic tendon section in the first finger of his hand that resulted in loss of mobility. One year later, he was proposed for tendon transposition from the second to the first finger to reestablish total abduction ability. The patient only had grade 1 obesity. We performed ultrasound guided peripheral nerve blocks of the radial, ulnar and median nerves at the forearm level, which preserved motor function during the surgery and guaranteed loss of pain sensation. To obtain a bloodless field without a tourniquet, we performed ultrasound assisted subcutaneous infiltration of lignocaine and epinephrine on the dorsal surface of the hand.

Results The surgery lasted two hours, and the size of the transposed tendon was deemed appropriate through intraoperative observation of ideal hand mobility (see QR code). The orthopedics team confirmed optimal surgical field conditions with this technique. The patient was evaluated at 1 month and, with physical therapy, regained almost all mobility of the hand and showed immense satisfaction.