Methods

The case began with regional anesthesia. She received a total of 25mL of 0.5% ropivacaine with 60mcg dexmedetomidine for three blocks: interscalene brachial plexus, superficial cervical plexus, and suprascapular nerve blocks. The case proceeded with general endotracheal anesthesia without event.

Results

In PACU, she reported 0/10 pain, without needing any postoperative narcotics prior to her discharge home.

Conclusions

For a posterior approach scapula surgery involving the acromion, a combination of interscalene brachial plexus, superficial cervical plexus, and suprascapular nerve blocks are appropriate for acute pain management of these patients.

Attachment

Superficial Cervical Plexus Block.jpg

Abstract #33956 Figure 1  Scapula Fracture Preop 3D CT Reconstruction

Abstract #33956 Figure 2  Suprascapular Nerve Block

Abstract #33956 Figure 3  Interscalene Plexus Block

Conclusions

An open culture of incident reporting and performance feedback within a non-judgemental environment is critical for effective RCA and improved patient safety. Whilst the risk of human error cannot be entirely mitigated, steps can be implemented to recognise situations when errors may occur.
Background and Aims  FESS (functional endoscopic sinus surgery) is a minimally invasive approach for paranasal sinuses surgery that treats numerous symptoms avoiding more complex surgical procedures. It is usually performed under general anesthesia, our aim was to find a suitable locoregional technique that could match the minimally invasive approach of the surgery.

Methods  Written informed consent was obtained from a 32 y/o male patient, ASA I. We performed bilateral infratrochlear nerve block with 1.5ml ropivacaine 7.5mg/ml for each side, bilateral infraorbital nerve block with 4ml ropivacaine 7.5mg/ml for each side, bilateral anterior ethmoidal nerve block with 3ml ropivacaine 7.5mg/ml for each side. All blocks were performed with standard 26G needle without ultrasound, using anatomical landmarks. Efficacy was tested via pin-prick test and endoscopic puncture of mid-turbinate by ENT specialist. Standard multiparametric monitoring and NOL PMD200™ monitor (Medasense Biometrics Ltd., Ramat Gan, Israel) were used to assess nociception levels during surgery.

Results  The surgery was performed without complications with continuous infusion remifentanil (0.05 mcg/kg/min). No significant hemodynamic shift was registered during surgery and no other opioid was administered. NRS level was 0 at the end of the surgery as well as at patient discharge 3 hours later.

Conclusions  This locoregional technique has shown promise for FESS surgery, and we think it may be suitable for septoplasty and fracture repairs too. We plan to conduct a randomized control trial to further study the matter.

Abstract #35942  Figure 1  Infratrochlear nerve block

Abstract #35942  Figure 2  Infraorbital nerve block

Abstract #35942  Figure 3  Ethmoidal nerve block

Conclusions  This locoregional technique has shown promise for FESS surgery, and we think it may be suitable for septoplasty and fracture repairs too. We plan to conduct a randomized control trial to further study the matter.

#36522  TOXICITY OF LOCAL ANESTHESIA: SURVEY FOR ANESTHESIA TECHNICIANS


10.1136/rapm-2023-ESRA.565

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  systemic toxicity of local anaesthetics (LA) is a rare but often dreadful event. Its prevention relies essentially on good knowledge of the products used, as well as consideration of the various safety measures. The aim of our study is to evaluate the knowledge of anesthesia technicians (AT) concerning the use and management of local anesthetic poisoning

Methods  Descriptive and analytical cross-sectional study carried out among AT in university hospitals . To achieve our research objective, the study was carried out using an anonymous, self-administered declarative anonymous questionnaire.

Results  Although the results of this study showed that only 20% of the participants had witnessed LA intoxication, we found that the majority of those questioned know the principles of care, except for a few particularities, such as the dose of intralipid recommended by the SFAR (known by only 31% of respondents). From similarly, our study showed that 63% of the AT had received ALR training. The formation was based on courses received during the anesthesia resuscitation curriculum according to 61.9%, hence the need to develop ALR simulation centers and more clinical practice.

Conclusions  this work has highlighted the fact that knowledge of the specific characteristics of LA, how to do in the event of toxicity, is essential to ensure the proper in the event of an accident. .