

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 remifentanyl (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.



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

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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. .