

Conclusions The development of an institutional guideline for cleaning and disinfection of surface US probes is essential in addressing the inconsistencies and conflicts in existing recommendations. This guideline will serve as a valuable resource for healthcare professionals, ensuring a standardized approach to cleaning and disinfection practices, thereby reducing the risk of healthcare-associated infections and improving patient safety.

#36399 COMPARISON OF IVC DISTENSIBILITY GUIDED GOAL DIRECTED FLUID THERAPY WITH CONVENTIONAL FLUID THERAPY IN RENAL TRANSPLANT RECIPIENTS- A PROSPECTIVE, RANDOMIZED CONTROLLED TRIAL

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Please confirm that an ethics committee approval has been applied for or granted: Yes: I'm uploading the Ethics Committee Approval as a PDF file with this abstract submission

Application for ESRA Abstract Prizes: I don't wish to apply for the ESRA Prizes

Background and Aims We used intra-operative measurement of IVC dist

#36421 ULTRASOUND ASSESMENT OF GASTRIC CONTENT AND VOLUME IN PATIENTS PRIOR TO SURGERY: 3 CASE-SERIE

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Background and Aims Bronchoaspiration pneumonia is a complication of anesthetic management because of aspiration of gastric content into the airway. It's an important cause of morbidity and mortality. To avoid it, patients who undergo surgery are subjected to a 6h fasting for solids and 2h for clear fluids. Ultrasound of the gastric antrum allows a quick and innocuous evaluation of its dimensions at the bedside, which correlates with the volume of intragastric fluid. Our aim is to detect the patient with full stomach despite the 6h fasting and thus assess the risk/benefit of performing the intervention as well as modifying the anesthetic management in each case.

Methods Bedside gastric ultrasound was performed on 3 patients who were about to undergo surgery and submitted to 6h hours fasting for solids and 2h for clear fluids.

Results We present a 3 case-serie of patients in which the manage of induction of general anesthesia was modified

because of the findings in our assesment of gastric content. Two of them were proposed for a rapid induction sequency and the other needed to delay surgery to assure an adequate gastric emptying prior to the intervention.



Abstract #36421 Figure 1 It shows liver parenchyma on the left side of the image, followed by a large cystic image presumably dependent on the pancreas. We can also observe the dilated gastric antrum with apparent solid hyperechogenic content inside



Abstract #36421 Figure 2 The image shows a hyperechogenic figure which projects posterior acoustic shadow. This is considered highly suggestive of full stomach