Abstract #34484 Figure 3  Contrast spread

Conclusions Continuous suprainguinal iliac fascia block may be another option in the pain management in non fast-track total hip arthroplasty

#35935 LOW-COST PHANTOM FOR ULTRASOUND GUIDED NERVE BLOCK AND VASCULAR CATHETERIZATION TECHNIQUES
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10.1136/rapm-2023-ESRA.640

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 Simulation is an important learning tool with growing interest in anesthesiology practice. To our knowledge, there is no low-cost medical model to simultaneously simulate peripheral nerve blocks and catheterization of central vascular accesses guided by ultrasound. Our goal was the creation of a low cost and high reliability medical model for this purpose.

Methods We present a model for training of ultrasound guided vascular catheterization and nerve block techniques. We have developed a simple low-cost anatomical phantom from pork meat. A yellow long tubular balloon with spaghetti inside simulates the nerve, a red long tubular balloon with a paper straw and red dye inside simulates an artery and a long blue tubular balloon with blue dye inside simulates a vein. We describe all the materials needed, as well as the preparation method.

Results Using an ultrasound, we recognize the three types of vasculo-nervous structures, the nerve as a hyperechoic non-compressible structure with a honeycomb appearance, the artery as a hypoechoic non-compressible structure and the vein as a hypoechoic compressible structure. The phantom we created, made of meat, seems to be an extremely realistic simulation of the human tissues, as well as a safe and cost-effective method of learning. It is easy to create, with materials that are easily accessible and low-cost.

Abstract #35935 Figure 1  Low-cost phantom

Conclusions Simulation is becoming a routine part of anesthesiology education and training. Regional anesthesia and vascular catheterization are easy reproducible techniques. Our model is simple, inexpensive, and realistic and we believe it is a very useful training tool for any anesthesiology department.

#36361 CONTINUOUS ERECTOR SPINAE PLANE (ESP) BLOCK FOR AWAKE PALLIATIVE MASTECTOMY IN A PATIENT CONSIDERED UNFIT FOR GENERAL ANAESTHESIA
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10.1136/rapm-2023-ESRA.641

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 85 year female, ASA Class 4, with multiple comorbidities was planned for palliative right mastectomy. She had severe pulmonary hypertension on home oxygen, cardiac resynchronisation therapy, PPM/AICD for sustained VT, Atrial fibrillation, mechanical mitral valve on warfarin, chronic kidney disease stage 4 and diabetes on insulin. She was diagnosed with invasive lobular breast carcinoma in 2019, was deemed high risk for general anaesthesia/surgery and commenced on hormonal therapy. Cancer had now progressed to involve the nipple/skin causing discharge and pain affecting her quality of life. She was referred to the anaesthetic clinic to see if this surgery could be offered under a regional anaesthesia (RA) technique alone.