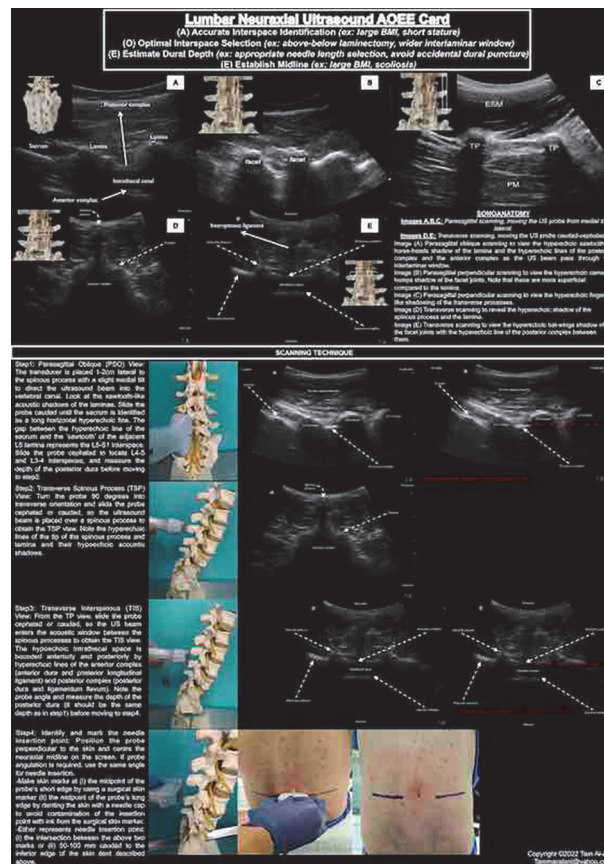


nerve. Hence, in patients regarded as high risk for general anesthesia, surgical interventions in the axilla require combined regional anesthesia techniques. Two previous cases describe the combination of intercostobrachial with supraclavicular brachial plexus block for axillary surgery. Others report the use of erector spinae plane block (ESPB) as postoperative analgesic approach to axillary dissection. Nevertheless, no study combines ESPB and interscalene brachial plexus block (IBPB) as anesthetic technique. This abstract aims to demonstrate their effectiveness in anesthesia and analgesia, for axillary surgery.

Methods A 68 years old woman, ASA IV, was proposed for left axillary dissection. She was regarded as high risk for general anesthesia, because she had two meningiomas, one that caused compression of the pontobulbar parenchyma and near collapse of the fourth ventricle and another that shaped the left parietal convexity. We performed an ultrasound-guided left IBPB, with 8 mL ropivacaine 0.75%, and a left ESPB at T4 level with 20 mL ropivacaine 0.375%. 50 µg of fentanyl and 1mg of midazolam were administered for sedation.

Results Fifteen minutes after ESPB, we obtained sensory block in dermatomes T1 to T8. The surgery was performed with no complications and no other anesthetics were required. The patient had no pain postoperatively and was discharged home 24h later.

Conclusions The combination of IBPB and ESPB is an effective anesthetic approach for axillary dissection. It provided complete anesthesia and long-lasting postoperative analgesia.



Abstract #34326 Figure 1 Practical scanning aid card

#34326 NEURAXIAL ULTRASOUND TEACHING PROGRAMME

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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 There is growing evidence for using preprocedural neuraxial ultrasound (PNU) to improve the safety and efficacy of neuraxial blocks. However, there are currently no standardised training pathways for this technique. This quality improvement project introduces a neuraxial ultrasound teaching programme for anaesthetic trainees.

Methods We surveyed anaesthetic trainees covering obstetric and general theatres in a large tertiary hospital on their use of preprocedural neuraxial ultrasound. The survey results helped structure the neuraxial ultrasound teaching programme within our department.

Results The results of the survey are summarised in the table 1 below

Abstract #34326 Table 1 Results of survey of anaesthetic trainee's regarding PNU

| A. Survey on the use of PNU (n=10) | |
|---|---|
| Q1. | 60% did not feel confident in using PNU |
| Q2 | 63% did not receive previous training in PNU |
| Q3 | 80% never used this technique in clinical practice |
| Q4 | 90% were interested in receiving regular departmental teaching on PNU |
| B. Written assessment of the trainee's knowledge of PNU (n=10) | |
| 1. Name 4 clinical benefits of using the PNU | 20% Answered correctly |
| 2. Name 3 scanning techniques used in PNU | 10% Answered correctly |
| 3. Saw-tooth, Camel-humps and Batwings like acoustic shadows represent? | 0% Answered correctly |

#35758 SONOCLUB: IMPROVING ANAESTHETISTS' ABILITY TO IDENTIFY THE KEY ANATOMY OF THE PLAN-A BLOCKS

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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 The adoption of the 'Plan A' blocks concept reflects a move towards a standardised approach to regional anaesthesia training in the UK. To improve consistency in the approach to these procedures an international consensus of anatomical structures to identify has been produced. Set up locally in 2021, 'Sonoclub' is a biweekly teaching programme involving a demonstration of sonoanatomy, practice scanning, and guidance on performing a specific Plan A block. Anaesthetists were observed at four Sonoclub sessions to determine whether teaching improved their ability to identify the key structures described in the international consensus.