voluntarily extend his left forearm completely (180 degrees). He requested his surgery to be cancelled and thanked us for solving his problem.

Abstract #35964 Figure 1 Before regional anaesthesia

Conclusions Ultrasound guided left supraclavicular block was an effective therapeutic treatment for this patient and cancelled an elective surgery of left elbow arthrolysis.

Abstract #35964 Figure 3 After regional anaesthesia

Abstracts

A NOVEL OPIOID-SPARING ANAESTHETIC TECHNIQUE COMBINING THE USE OF LIPOSOMAL BUPIVACAINE NERVE GROUP BLOCKS AND REMIMAZOLAM FOR A HIGH-RISK RESPIRATORY PATIENT UNDERGOING TOTAL HIP ARTHROPLASTY

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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 use of intrathecal or rescue opioids is common in total hip arthroplasty (THA). However in patients with severe respiratory disease the effects of opioids may not be tolerated. Several case series have described the use of liposomal bupivacaine (Exparel) in local infiltration in an opioid-sparing technique for THA. However we describe a novel approach to managing such patients using ultrasound guided Exarel nerve group blocks and sedation with remimazolam.

Methods A 69 year old gentleman underwent a right THA with a history of severe COPD, obstructive sleep apnoea and bronchiectasis with limited exercise tolerance. The anaesthetic technique involved a plain intrathecal injection of 3.0ml 2% prilocaine, followed by lateral cutaneous nerve of the thigh, percapsular nerve group (PENG) and quadratus lumborum fascial plane infiltration utilising a local anesthetic admixture comprising of 20ml 13.3mg/ml Exarel, 40ml 0.25% levobupivacaine and 20ml normal saline. Intraoperatively the patient was managed with a total of 20mg of remimazolam over 2 hours, with 1g paracetamol, 2.5g magnesium sulphate and 400mg ibuprofen given intravenously.
Results The patient underwent THA with no perioperative respiratory or cardiovascular complications, and was monitored in HDU overnight. Analgesia was largely controlled using regular simple analgesia (paracetamol and codeine) with with only an additional total of 100mg tramadol and 10mg oral morphine required during his 7 day inpatient stay.

Conclusions THA in a high-risk respiratory patient can be performed safely without medical complications utilising an opiate-free technique with remimazolam sedation, short-acting spinal anaesthesia and ultrasound-guided infiltration using Exparel, with reduced need for post-operative opioid analgesia.

Attachment Case report consent statement.pdf

BEGINNING OF SOMETHING NEW – INTERNATIONAL COLLABORATION TEACHING ULTRASOUND-GUIDED REGIONAL ANAESTHESIA (UGRA) VIA VIRTUAL REALITY (VR)

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Background and Aims Since the Lancet Commission 2015, research and education have been high on the agenda for international collaboration. Global Anaesthesia Surgery Obstetric Collaboration (GASOC) and Virtual Reality in Medicine and Surgery (VRiMS) collaborated with Kabale University, Uganda to deliver a two-day anaesthetic workshop on advanced airway and USRA. Specific skills were identified from a learning needs assessment and expert African faculty was sought to ensure context-specific teaching.

Methods Anaesthetic officers from the Kigezi region, which serves a population of 1.2 million, attended the teaching session. Plan A blocks, video laryngoscopy and front-of-neck access were demonstrated, recorded, and live-streamed using 360 VR technology (figure 1). Feedback comprising qualitative and quantitative data was collected.

Results The capture rate of feedback was 91.4% (43 out of 47 attendees) with a positive rating in most skills sessions (figure 2). Learners reported an increase in knowledge (‘better understanding of ultrasound’), acquisition of new skills (‘know how to block’) and behavioural change (‘feel I can offer pain-free anaesthesia’) (figure 3).

Conclusions At the time of writing, this is the first course engaging an all-African faculty in conducting training and educational research in VR and USRA. We are proud to have achieved a gender-equal faculty. Moving forward, we aim to allocate more time and equipment to improve faculty-learner ratio. We also hope to collaborate with Butterfly iQ and the African Society of Regional Anaesthesia (AFSRA) to provide further teaching in 3- and 6-months. This aims to sustain behavioural changes that will ultimately improve patient safety outcomes.

Self-proficiency of trainee anaesthesia residents in performing ultrasound guided peripheral nerve blocks

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#36521

Abstract #35838 Figure 1 Virtual reality-enhanced teaching session

Abstract #35838 Figure 2 Learners’ rating of individual sessions

Abstract #35838 Figure 3 World Cloud gathered from the ‘Three Take Home Messages’

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Abstracts