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 range of complexity and skill in anaesthesiology is becoming increasingly advanced. Competency-based post-graduate programs serve to propagate these skills. In Africa, anaesthesiology training programs are heterogenous. The College of Anaesthesiologists of East, Central, and Southern Africa (CANECSA) is a context-specific anesthesia education institution recently set up to co-ordinate anaesthesia education across institutions. Rotations in regional anaesthesia vary per institution and are a factor of the caseload and resources available at the institution. This project assessed the self-proficiency of trainee anaesthesiologists in Kenya in performing ultrasound-guided peripheral nerve blocks.

Methods A short online survey was sent out to anaesthesiologist trainees from The Aga Khan University Hospital, The University of Nairobi and Moi University who have completed their first year of training. We assessed trainees perception of their confidence in performing ultrasound guided regional anaesthesia and estimated the amount of peripheral nerve blocks performed at different stages of the training.

Results 31 residents completed the survey. Residents were least comfortable performing adductor canal, fascia iliaca and rectus sheath blocks. Junior residents felt least comfortable performing brachial plexus blocks. Except for the TAP Block, more than 50% of trainees performed between 0-10 blocks of each kind in the course of their training. Lack of exposure/opportunity and lack of resources were quoted as the reason for this by 54 and 45% of the trainees.

Conclusions Curricula should advocate for more exposure to ultrasound guided regional block, by incorporating more blended time for this in today's anaesthesia practice.

Attachment final esra.pdf

#35883 PENG BLOCK FOR SHOULDER SURGERY, CASE SERIES

Funda Atar*, Fatma Özkan Sipahioğlu. *Anesthesiology And Reanimation, Etlik State Hospital, Ankara, Turkey*

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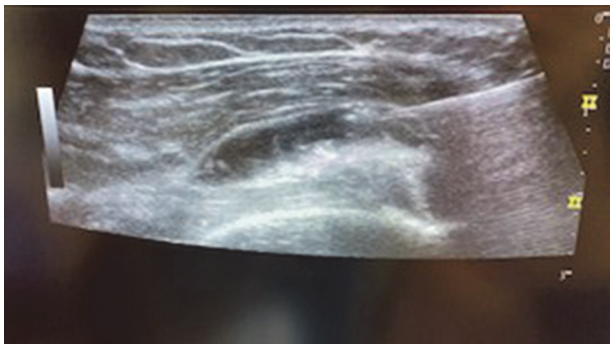
Background and Aims Arthroscopic shoulder surgeries are associated with moderate/severe pain. In this case series, shoulder PENG (pericapsular nerve group) and superficial cervical plexus nerve block were applied for postoperative analgesia in arthroscopic shoulder surgery. We aimed to evaluate the contribution of the PENG block to perioperative opioid consumption and the analgesic efficacy postoperatively.

Methods Permission was obtained from all patients to present this case series. After induction of standard general anesthesia in 6 ASA I-II adult patients scheduled for elective arthroscopic shoulder surgery, shoulder PENG (17 ml 0.05% bupivacaine and 3 ml saline were prepared with 15 ml) and superficial cervical plexus block (6 ml 2% lidocaine) was applied (figure 1). Anesthesia was maintained with sevoflurane in an oxygen-air (50-50%) mixture and remifentanil intravenous infusion. The dose of remifentanil was adjusted according to the patient's needs, considering the hemodynamic parameters. Multimodal analgesia was administered in the perioperative. Intraoperative remifentanil consumption and numerical pain scores (NRS) at the postoperative 1st, 2nd, and 4th hours of the patients who were extubated at the end of the surgery were recorded.

Results The case series included 6 patients (male/female= 2/4; age= 62±3.9; BMI = 26.4±2.8). The surgical duration times were 170±64.4 minutes. Remifentanil consumption was 23 ±25.4 µg. NRS scores ranged from 1 to 4 (table 1). No pulmonary complications or motor blocks were observed in the patients.

Abstract #35883 Figure 1 A. Probe position



Abstract #35883 Figure 1 B. View of the needle tip under the subscapular muscle

Abstract #35883 Table 1 Characteristics of the cases and results

Patient	Age(year)	Gender	BMI	ASA	Surgical duration (mn)	Anesthesia duration (mn)	Remifentanil consumption (mcg)	NRS 1. hour	NRS 2. hour	NRS 4. hour
1	57	Female	21.2	2	45	60	0	1	1	1
2	63	Female	25.4	3	210	225	48	2	4	4
3	64	Female	28	2	165	175	50	3	3	3
4	68	Male	28.1	1	220	240	0	3	4	3
5	61	Female	28.6	2	180	210	0	2	3	4
6	59	Male	27.2	1	200	220	40	2	3	3

NRS: Numerical rating scale, BMI: Body mass index

Conclusions Ultrasonography-guided shoulder PENG block can provide adequate perioperative analgesia as an alternative to peripheral nerve blocks and reduce opioid consumption in arthroscopic shoulder surgeries.