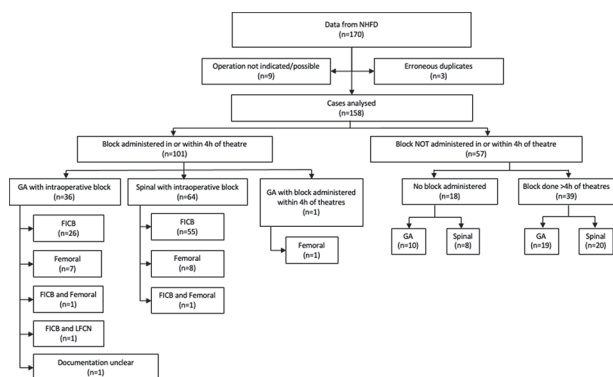


Methods A retrospective audit was undertaken following local audit committee approval. Data were obtained from the National Hip Fracture Database (NHFD) spanning one year (Jan-Dec 2022), patients who underwent surgical intervention were included. Electronic records were analysed for: anaesthesia type; intra-operative nerve block performance; and block conduct.

Results 158 cases were identified. 64% received a block alongside GA/SA, majority were fascia iliaca blocks (85%). Others included femoral/lateral femoral cutaneous nerve of the thigh blocks. 89% were performed under ultrasound guidance, and most anaesthetists utilised bupivacaine as a sole agent. Block rates did not vary significantly between weekdays/weekends nor months of the year. Few documented reasons for not administering a block, these included: patient refusal, delirium, and anticoagulation.



Abstract #35972 Figure 1

Conclusions Compared to 2021 national data (4), our institution has a higher rate of intra-operative block performance for patients receiving SA (70% versus 44%), being similar for GA (55% versus 58%), potentially due to block analgesia facilitating SA positioning. Anticoagulation does not preclude performing superficial blocks (5), however the true extent of this being erroneously regarded as a contraindication is unknown due to lack of documentation. There is a role for surveying departmental attitudes and knowledge towards block performance, and providing teaching sessions involving contemporary technology such as needling simulators.

Attachment References.pdf

#35967 NERVE STIMULATION IN NERVE BLOCKS: A STILL USED TECHNIQUE, BUT INCREASINGLY RARELY. AN OPPORTUNITY TO REDUCE ENVIRONMENTAL IMPACT IN A TERTIARY CENTRE IN THE UK?

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10.1136/rapm-2023-ESRA.664

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 With the introduction of ultrasound, the use of nerve stimulation to verify positioning in regional anaesthesia has become increasingly rare. Currently, needles

provided as standard include an attachment to facilitate this. This attachment contains plastic and valuable metals, including copper wiring, which is ultimately discarded unused. We therefore performed a survey in our tertiary centre to assess their use.

Methods The survey was delivered to the majority of anaesthetists within Nottingham University Hospitals Trust (n=70). This involved an online questionnaire on the frequency, indications and confidence in using nerve stimulation for nerve blocks.

Results 60% of respondents were consultants and 71% of respondents stated that they would never use nerve stimulation for nerve blocks. Within the survey 21% had never used this technique and the remaining 79% showed an average time since last use of greater than 2 years. The free text answers demonstrated that many feel nerve stimulation has become unnecessary in most settings with the availability of high-quality ultrasound. However, some consultants felt that in cases where visualisation of deep tissues is challenging, this technique may be useful.



Abstract #35967 Figure 1 Last use of nerve stimulation graph, photos of needle equipment assembled and disassembled and box to demonstrate the environmental impact

Conclusions This survey demonstrates that, as expected, the use of nerve stimulation in every day practice is minimal, however, there may still be a role for nerve stimulation in certain situations such as deep blocks or obese patients. Given how infrequently nerve stimulation is used there would be a clear environmental and possible economic benefit to sourcing needles without this nerve stimulation attachment as standard.

#36017 COMPARISON OF ULTRASOUND GUIDED FEMOROSCIATIC NERVE BLOCK VERSUS EPIDURAL ANALGESIA FOR POST- OPERATIVE ANALGESIA FOLLOWING EXCISION OF KNEE TUMOURS – A RCT

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10.1136/rapm-2023-ESRA.664

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

Background and Aims This randomised controlled trial aims at comparing the efficacy of postoperative analgesia by USG guided single shot Femoro-sciatic block (FSB) with lumbar epidural block (EB) in patients of 14-60 years undergoing corrective orthopaedic procedures attributed to bone malignancy around the knee viz, distal end of femur and proximal end of tibia.

Methods METHODS 30 patients undergoing elective surgery for knee tumour resection and endoprosthesis placement for various bone malignancies at

A.I.I.M.S. New Delhi India were enrolled after approval of institute ethics committee & randomised to 2 groups as per intervention for postoperative analgesia viz Group E, receiving general anaesthesia (GA) with EB and Group FS, receiving GA with ultrasound guided FSB. EB was performed with 0.25% Ropivacaine 10ml with 0.5mcg/kg Clonidine as adjuvant and FSB with 15 ml and 20ml of 0.25% ropivacaine with 0.5mcg/kg clonidine around femoral and sciatic nerve respectively. The primary outcome was quality of postoperative pain as assessed by VAS Score and total analgesic requirement in the first 24 hours postoperatively. The secondary outcomes were comparison of intraoperative hemodynamics, blood loss, incidence of adverse effects like PONV, pruritus, neurological sequelae, respiratory depression, & overall patient and surgeon satisfaction assessed.

Results RESULTS In FS Gp. VAS scores were better (p-value <0.001), consumed less fentanyl (186.7 +/- 56.4mcg in Group FS and 277.33 +/- 45.9 mcg in Group E) & provided prolonged pain relief. Secondary outcomes were comparable in both groups

Conclusions CONCLUSION USG FSB is superior to single shot lumbar EB in providing postoperative analgesia in knee tumour resection and endoprosthesis surgeries.

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#36380 SENSORY BLOCK DYNAMICS OF A MULTI-LEVEL INTERTRANSVERSE PROCESS BLOCK AT THE RETRO-SCTL SPACE: A CASE SERIES

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10.1136/rapm-2023-ESRA.665

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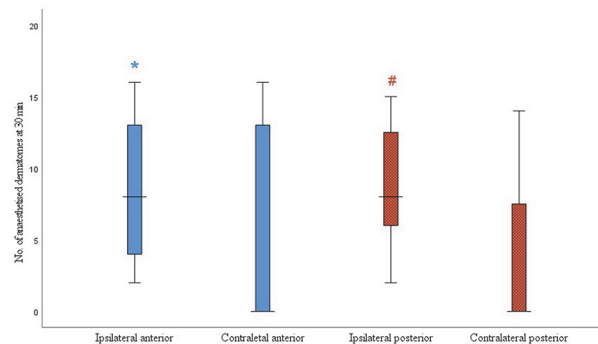
Background and Aims This study evaluated sensory block dynamics of the recently described intertransverse process block (ITPB) at the retro-SCTL space.

Methods After ethics approval and informed consent, 11 patients aged 18-80 years, ASA I-III, scheduled for unilateral video-assisted thoracoscopic surgery received an ultrasound-guided (USG) ITPB at the retro-SCTL space. The ITPB was performed at three levels (T3, T5, T7) and 6 ml of a 1:1 mixture of 2% lignocaine with 1:200,000 adrenaline and 0.5% levobupivacaine was injected at each level. The sensory block was assessed bilaterally, along the midclavicular and mid-scapular line, and from T2 to L3 dermatomes using a numeric rating scale (NRS 0-100; 100-normal sensation, 0-no sensation to cold) for 30 minutes after the block and in the

recovery room (RR). All patients received general anaesthesia and a multimodal analgesia regime for postoperative pain relief.

Results The USG three-level ITPB at the retro-SCTL space produced bilateral thoracic anaesthesia (figure 1). The median [IQR] number of dermatomes affected on the ipsilateral and contralateral thorax is presented in figure 1. Significantly more dermatomes, both anterior (p=0.01) and posterior (p=0.02), were affected on the ipsilateral than the contralateral thorax. In the RR, the sensation of cold over the thorax had returned to an NRS

>50/100, bilaterally, in the majority of patients (91%). Nevertheless, all patients remained comfortable.



Abstract #36380 Figure 1 Thoracic dermatomal anaesthesia after a multilevel intertransverse process block at the retro-SCTL space. Data are presented as a median [IQR]

Conclusions A multilevel ITPB at the retro-SCTL space produces bilateral thoracic anesthesia but more dermatomes are affected over the ipsilateral than contralateral thorax. Future research to evaluate its anaesthetic and analgesic potential is warranted.

Attachment CREC approval (2021.560).pdf

#35834 REGIONAL ANESTHESIA FOR ADVANCED SKIN CANCER SURGERY AND FREE FLAP RECONSTRUCTION IN FRAGILE PATIENTS

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10.1136/rapm-2023-ESRA.666

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 Compared to general anesthesia, regional anesthesia (RA) with sedation is safer for elderly patients with comorbidities, especially for long-duration procedures. Our institution established an Integrated Care Pathway (ICP) for advanced skin cancer, managing 102 cases over the last four years. Among them, 79 underwent surgical excision. Reconstruction required free flap in 20 cases and regional flap in 46. All patients received targeted RA techniques. We report a case series of four elderly and fragile patients who underwent free flap reconstruction under targeted blocks and mild sedation.