



Abstract EP009 Figure 2 Bradycardia episodes

The distribution of bradycardia episodes onsets

**Conclusions** Age, female gender, and history of hypertension were independent risk factors for HBEs. BIS monitoring, in contrast, was a protective factor. Despite the high incidence of HBEs, no patient in this study suffered from a neurological complication. Further study is required to ascertain the advantages of BIS monitoring during the beach chair position surgery.

**EP010 REGIONAL ANAESTHESIA TO AID ENHANCED RECOVERY POST ELECTIVE TOTAL KNEE ARTHROPLASTY**

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**Background and Aims** At University Hospital Lewisham (UHL), a 450-bed district general hospital in South East London, we have observed an increase in the use of Infiltration between the Popliteal artery and Capsule of the Knee (IPACK) blocks in the last year, with anecdotal improvement in pain outcomes. We aim to compare the effectiveness of different regional anaesthetic techniques observed, in order to enhance patients' acute pain management and recovery.

**Methods** Using SPSS software, we retrospectively analysed 100 patients who underwent total knee arthroplasty at UHL. The patients were identified using the Acute Pain Team's review pro-forma which includes pre-admission analgesic requirement, morphine equivalent requirements (MER) at day 1 and 2, and pain assessment using Numeric Rating Scale (NRS). We used the electronic records system for tourniquet time and time to mobilisation. We subdivided patients into three groups: 1) IPACK+adductor canal block (ACB)+local infiltration of analgesia (LIA); 2)ACB+LIA; 3)LIA only.

**Results** There were no statistically significant differences in MER or in time to mobilisation between the groups. Although there was a decrease in NRS score at rest and during mobilisation on day 1, we did not detect any significant difference (table 1). However, the largest proportion of the patients with  $\geq 100$ mins tourniquet time (table 2) and pre-admission opioid use was found in group 1 (table 3).

Abstract EP010 Table 1 Total knee arthroplasty regional techniques comparison

Table 1. Total knee arthroplasty regional techniques comparison				
	Group 1 (n=41)	Group 2 (n=34)	Group 3 (n=25)	p-value
Day 1 MER (Mean±SD)	48.04±24.82	47.64±27.36	41.96±19.98	0.584
Day 2 MER (Mean±SD)	43.65±31.12	43.38±27.12	47.00±28.61	0.875
Mobilisation time				0.080
1 <sup>st</sup> day	13 (13%)	13 (13%)	3 (3%)	
2 <sup>nd</sup> day	28 (28%)	21 (21%)	22 (22%)	
Day 1 NRS at rest (Mean±SD)	4.43±2.50	5.09±2.78	5.40±2.84	0.331
Day 1 NRS at mobilisation (Mean±SD)	6.87±2.42	7.93±2.53	7.60±2.32	0.166
Day 2 NRS at rest (Mean±SD)	3.96±3.04	3.89±2.87	4.80±2.50	0.502
Day 2 NRS at mobilisation (Mean±SD)	7.42±1.98	6.75±2.09	7.10±2.53	0.486

ANOVA test for Multiple Comparisons and Bonferroni test for Post HOC analysis  
p<0.05 accepted as statistically significant

Abstract EP010 Table 2 Tourniquet time comparison

Table 2. Tourniquet time comparison	
Regional anaesthetic technique	Tourniquet time $\geq 100$ minutes
IPACK + ACB + LIA (Group 1)	21.9% of the patients in Group 1
ACB + LIA (Group 2)	19.3% of the patients in Group 2
LIA (Group 3)	13.0% of the patients in Group 3

Abstract EP010 Table 3 Pre-admission analgesic requirement comparison

Table 3. Pre-admission analgesic requirement comparison	
Regional anaesthetic technique	Pre-admission opioid +/- gabapentinoid usage (chronic pain patients)
IPACK + ACB + LIA (Group 1)	58.5% of the patients in Group 1
ACB + LIA (Group 2)	41.9% of the patients in Group 2
LIA (Group 3)	47.8% of the patients in Group 3

**Conclusions** Our data, although suggestive, showed using IPACK blocks has no statistical benefit. IPACK blocks are growing in popularity; with increased regular practice and honing of technique, studies with a higher patient population may show statistical benefits.

**EP011 HEMODYNAMIC EFFECTS OF SPINAL ANESTHESIA IN PATIENTS WITH AORTIC STENOSIS**

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**Application for ESRA Abstract Prizes:** I apply as an Anesthesiologist (Aged 35 years old or less)

**Background and Aims** Spinal anesthesia (SA) is considered contraindicated in patients with aortic stenosis (AS), due to the sympathetic block, decrease in peripheral vascular resistance, hypotension, decrease in coronary perfusion, and potential for acute myocardial ischemia. However, low-dose isobaric bupivacaine (ISOBUPI) is often used in clinical practice with little hemodynamic consequences. This study evaluates the use of SA with ISOBUPI in AS patients receiving lower limb surgery.

**Methods** Medical records of patients with moderate to severe AS having lower limb orthopedic surgery and receiving SA ( $\leq 10$  mg ISOBUPI 0.5%) were screened for the occurrence of hypotension, intraoperative vasopressor therapy, and 24-hour