

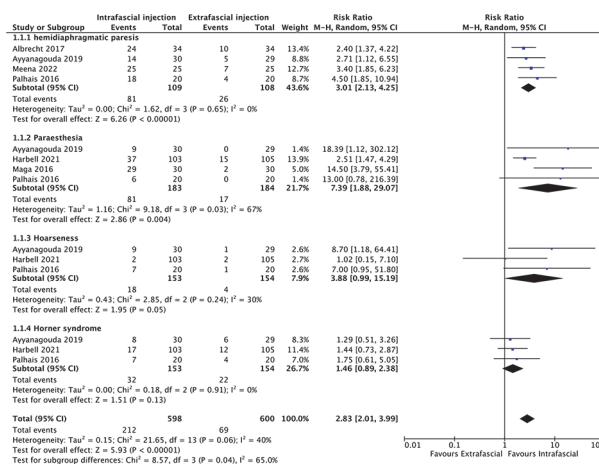
**Abstract OP008 Table 1** Summary of results. Data presented as median [interquartile range] or incidence; p values presented from Mann Whitney U test or Chi-squared test, as appropriate. CSA = cross sectional area

	Standard Fasting	'Sip Til Send' Fasting	p value
<b>Semi-recumbent antral CSA</b>	<b>343.7</b> [268.3-410.6]	<b>305.7</b> [279.0-401.0]	<b>0.663</b>
<b>Right lateral antral CSA</b>	<b>403.2</b> [321.7-598.3]	<b>405.9</b> [309.7-593.2]	<b>0.884</b>
<b>Estimated gastric content volume</b>	<b>53.5</b>	<b>53.5</b>	<b>0.609</b>
<b>Incidence of Perlas 2</b>	<b>11/55</b>	<b>4/54</b>	<b>0.093</b>

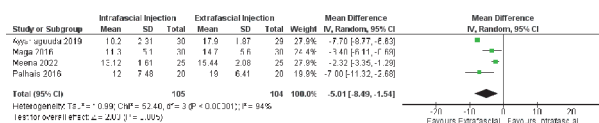
**Methods** Fully fasted parturients due to undergo elective CD under neuraxial anaesthesia were recruited and commenced on 'Sip Til Send' fasting before surgery. Qualitative and quantitative gastric ultrasounds were performed via a standardised approach following recruitment and prior to induction of anaesthesia.

**Results** 69 patients were assessed for eligibility and 55 recruited. Analysis was incomplete on two scans due to artefact impeding interpretability. The mean 'Sip Til Send' fasting time was  $192.6 \pm 108.7$  minutes, with participants drinking a mean of  $113.7 \pm 70.4$  ml.hr<sup>-1</sup>. Notably, seven participants drank more than the suggested 170 ml.hr<sup>-1</sup>. There were no statistical differences between groups (table 1). Estimation of gastric content volume yielded 3 and 5 parturients with gastric contents greater than 1.5ml.kg<sup>-1</sup> in the fully fasted and 'Sip Til Send' fasted states, respectively.

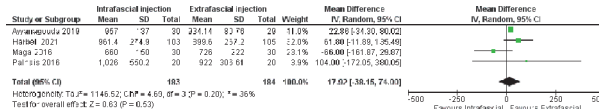
**Conclusions** 'Sip Til Send' fasting with water was non-inferior to a standard fasting protocol as tested in a pragmatic hospital setting. Therefore, it should be considered for elective CD and may prove beneficial in other areas of anaesthesia.



**Abstract OP009 Figure 1** Forest plot depicting the incidence of extrafascial versus intrafascial incidence of complications



**Abstract OP009 Figure 2** Forest plot describing the onset of sensory block of extrafascial versus intrafascial injection in interscalene brachial plexus block



**Abstract OP009 Figure 3** Forest plot describing the duration of sensory block between the extrafascial versus intrafascial injection during interscalene brachial plexus block

**OP009 EXTRAFASCIAL INJECTION VERSUS INTRAFASCIAL INJECTION FOR INTERSCALENE BRACHIAL PLEXUS BLOCK: A SYSTEMATIC REVIEW AND META-ANALYSIS**

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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 apply as an Anesthesiologist (Aged 35 years old or less)

**Background and Aims** Ultrasound-guided Interscalene brachial plexus block is typically administered to patients undergoing surgery in the upper limbs. Recently, extrafascial injection has been introduced; however, its efficacy and safety remain debatable. This systematic review meta-analysis (PROSPERO: CRD42023426498) sought to compare extrafascial and intrafascial injections.

**Methods** We systematically searched six electronic databases for randomised clinical trials comparing extrafascial and intrafascial injections for interscalene brachial plexus block. A random-effects model calculated risk ratio or mean differences

(MD) with a 95% confidence interval (CI). The Cochrane Risk of Bias tool was used to assess the risk of bias.

**Results** Six studies, a total of 485 patients, met our criteria. The risk of bias in four studies was low, with some concerns in two. The incidence of hemidiaphragmatic paresis was less in the extrafascial injection: [RR 3.01; 95% CI (2.13, 4.25); P < 0.00001]. There was a significantly higher incidence of complications in intrafascial compared to the extrafascial group for paraesthesia and hoarseness; RR 7.39; 95% CI (1.88, 29.07); P = 0.004] and [RR 3.88; 95% CI (0.99, 15.19); P = 0.05], respectively. Onsets of motor and sensory block were rapid in the intrafascial group: [MD -5.48; 95% CI (-8.85, -2.11); P = 0.001] and [MD -5.01; 95% CI (-8.49, -1.54); P = 0.005], respectively. The duration of sensory block was not significantly different between both groups: [MD 17.92; 95% CI (-38.15, 74.00); P = 0.53].

**Conclusions** Extrafascial injection effectively reduces block-related complications such as hemidiaphragmatic paresis and is associated with preserving respiratory parameters such as forced vital Capacity.