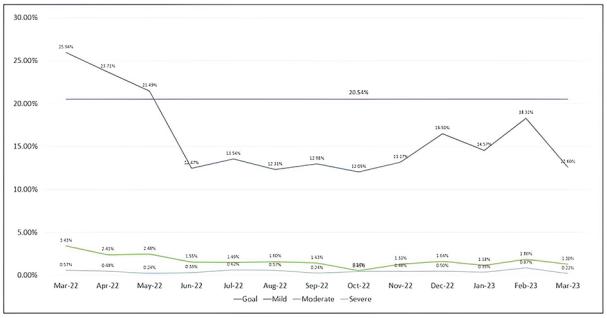
Abstract EP046 Table 1 Best practice alert

Preoperative BPA fires for ¾ criteria met
This patient is at high risk for hyponatremia. • Consider Plasma-lyte as IV fluid solution. • Hold Hydrochlorothiazide • Consider holding Duloxetine and/or NSAIDs
Risk Factors: • Preoperative sodium ≤ 138 • Age ≥ 73 • BMI ≤ 26 • ASA score > 2

Figure 1 Hyponatremia Rate (by severity)



Abstract EP046 Figure 1 Hyponatremia rate by severity

Conclusions A best practice alert helped identify patients at risk for hyponatremia, resulting in a reduction of postoperative hyponatremia. Additionally, concurrent plasma-lyte administration decreased the incidence and severity of hyponatremia. Pre-operative detection of postoperative hyponatremia may improve if the hyponatremia risk calculator includes post-operative risk factors such blood loss and surgery duration.

EP047 REGIONAL ANAESTHETIC ALERT BRACELET PROJECT: IDENTIFYING NEUROLOGICAL DAMAGE EARLY THROUGH PATIENT EMPOWERMENT

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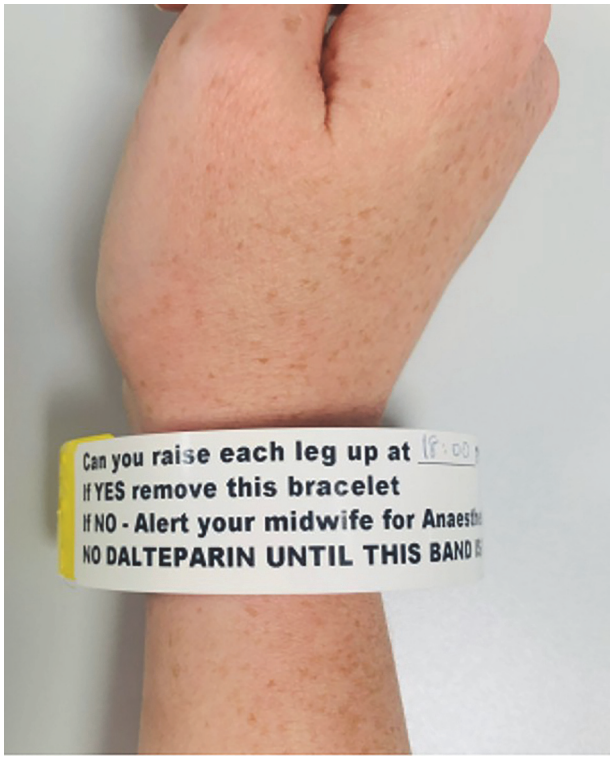
Background and Aims Vertebral canal haematoma following obstetric regional anaesthesia, although rare, can lead to catastrophic and life changing neurological damage. Early detection is essential to limit avoidable harm. In 2020, guidelines published by the AAGBI/OAA(1) recommended all women recovering from neuraxial anaesthesia should be: 1. Able to straight-leg raise (SLR) four hours following the last epidural/spinal dose. 2. Informed of the four hour timescale. 3. Encouraged to alert staff if recovery from neuraxial anaesthesia is delayed. The aim of this project was to implement the Regional Anaesthetic Alert Bracelet (RA-AB) (2) to comply with UK national recommendations.

Methods An RA-AB was designed to empower the patient to inform the multidisciplinary team (MDT) if unable to SLR four hours following their last neuraxial dose (fig.1). Following a patient survey and pre-implementation MDT education (fig.2), the RA-AB was introduced in Worthing Hospital delivery suite in April 2023. Nationally, RA-AB has been successfully implemented in over 50 NHS Trusts.

Results Pre-wristband implementation questionnaires surveyed 18 patients undergoing neuraxial anaesthesia for elective caesarean section, with over a fifth (22%) answering they would not know who to contact should they have concerns regarding residual neurological symptoms. A further question revealed fifty percent of patients surveyed would appreciate further information regarding expected recovery and complications.



Abstract EP047 Figure 1 The regional anaesthetic alert bracelet

Abstract EP047 Figure 2 QR code linking to education resource

Conclusions Introduction of the RA-AB project has been a simple, cost-effective way of meeting AAGBI/OAA recommendations. It empowers patients in their recovery and educates staff on safe recovery from neuraxial anaesthesia. Future work will assess wristband compliance, patient satisfaction and identify any delayed neurological recovery.

EP048 THE EFFECT OF INTERSCALENE BLOCK ON WOUND HEALING AND IMMUNITY IN OPEN SHOULDER SURGERY

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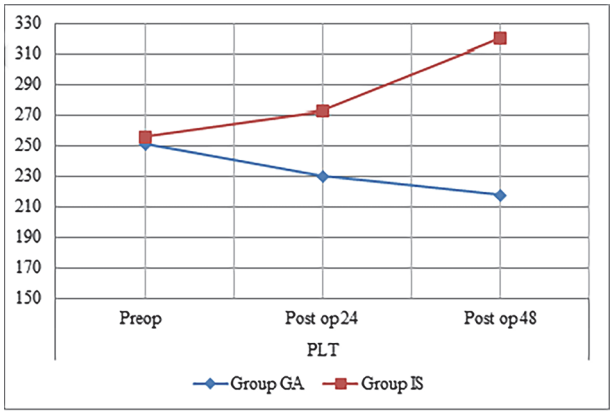
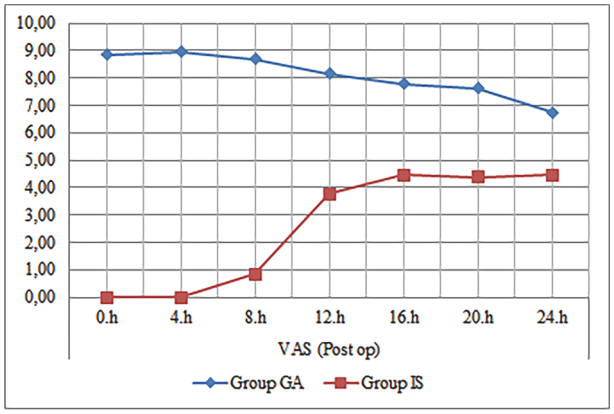
Background and Aims To evaluate the results of ultrasound-guided interscalene block on wound healing and immunity in open shoulder surgery cases.

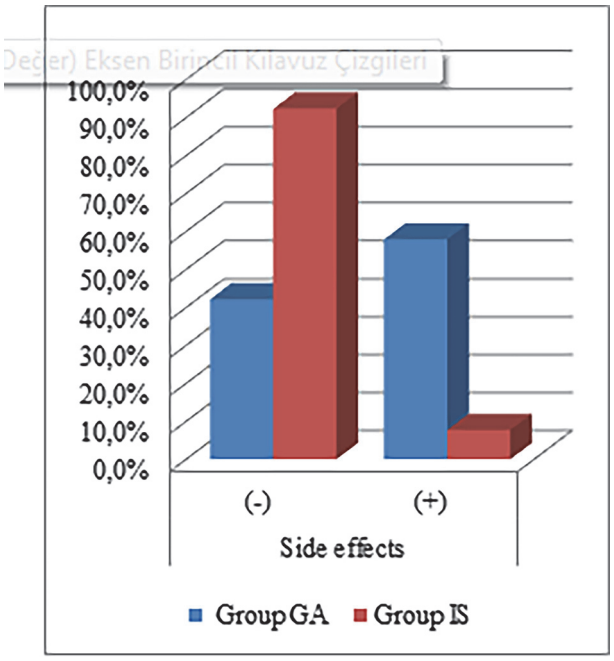
Methods Participants were randomized into 2 groups. Group GA: Standard ASA monitoring, 2 mg/kg propofol, 0.6mg/kg rocuronium bromide, induction with 1µcg/kg fentanyl, 2MAC sevoflurane + 40% air mixture, and maintenance with 2L/min. Before extubation, 1 mg/kg tramadol and 15 mg/kg paracetamol iv. Paracetamol was repeated at 8 hour intervals. Group IS: Standard ASA monitoring and ultrasound guided interscalene block with 20 ml of 0.25% bupivacaine. Before postoperative unit, 1 mg/kg tramadol and 15 mg/kg paracetamol iv. Paracetamol was repeated at 8 hour intervals. Platelet count, PDGF (Platelet growth factor), TGF-α (transforming growth factor), EGF (epidermal growth factor), IL-1/IL-2, TNF-α (tumor necrosis factor alpha) measurements were taken half an hour before the operation, repeated 24 and 48 hours postoperatively. The patients were called for wound evaluation on the 14th day). Demographic data, VAS scores, side effects, additional analgesic requirement, mobilization time, hospital stay were recorded and evaluated statistically. The study is ongoing and the parameters of the immunity arm will be shared



Abstract EP048 Figure 1 Platelet values



Abstract EP048 Figure 2 VAS values



Abstract EP048 Figure 3 Side effects

Results The platelet values at the postoperative 24th and 48th hours were significantly higher in the IS group (table 1) ($p < 0.05$)(figure 1).The VAS scores and the amount of additional analgesic used, side effects, mobilization time were higher in the GA ($p < 0.05$) (figure 2-3).

Conclusions The positive effects of interscalene block on wound healing and postoperative period were observed. Results on immunity will also be shared.