Conclusions ITMB enhanced analgesia during the early postoperative period in patients who underwent RALP, compared with RSB. The postoperative requirement for opioid analgesics were also significantly decreased in the ITMB group. Thus, intrathecal analgesia is considered an effective analgesic modality for RALP. Further studies are needed to promote patient recovery.

EP052 :FASCICULAR INJURY IS RARE FOLLOWING NEEDLE TRANSFIXION: A STUDY ON MEDIAN AND ULNAR ISOLATED HUMAN NERVES

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Background and Aims Needle trauma has been associated to peripheral nerve injury and neurological dysfunction. However, inadvertent needle puncture is not infrequent while post-block dysfunction is rare. We conducted a cadaveric study to evaluate the association between needle puncture and fascicular injury.
Methods Five median and five ulnar (isolated) nerves were obtained from unembalmed fresh human cadavers. 4 different needles were used for the punctures: A 22G nerve block needle (Stimuplex 360, 30 degrees beveled), and 22G, 25G and 27G spinal needles (Yale, 15 degrees beveled). 10 transfixing punctures were made with each needle type on each nerve (40 punctures per nerve). Needles were withdrawn and nerves fixed in 5% formalin for 72 hours. Perpendicular microtome sections of the punctured segments were obtained. Samples were embedded in paraffin and analyzed under microscope with hematoxylin-eosin staining. For each section, the following variables were obtained: ratio of fascicular/epineurial tissue, number of fascicles per nerve, number of injured fascicles.
Results A total of 400 transfixing punctures were made (200 in median and 200 in ulnar) and 144 histological nerve sections analyzed (74 median and 70 ulnar). Median nerves had 15 +/-3 fascicles and ulnar 17+/- 4. The ratio of fascicular/epineural tissue was 47 +/-14% in median and 43+/-6% in ulnar. Three fascicular injuries were found (1 in median, 2 in ulnar). All 3 injuries were caused by a 15 degree beveled needle (22G in median, 27G and 22G in ulnar).
Conclusions The risk of fascicular injury is low following a transfixing needle puncture.

EP053 SUBPARANEURAL SCIATIC NERVE BLOCK ABOVE AND BELOW ITS DIVERGENCE AT THE POPLITEAL FOSSA: A RANDOMIZED DOUBLE-BLIND STUDY

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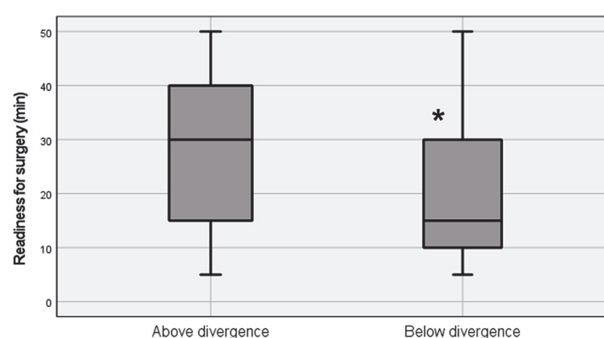
10.1136/rapm-2023-ESRA.115

Background and Aims Achieving rapid onset of surgical anaesthesia after an ultrasound-guided popliteal sciatic nerve block (PSNB) is still a challenge. We hypothesised that two subparaneural injections below the divergence (BD) of the sciatic nerve would hasten sensory-motor block onset when compared to two injections above its divergence (AD).
Methods After ethical approval and informed consent, 70 ASA I – III patients, aged 18 to 75 years, scheduled for elective foot and ankle surgery were randomised into two groups. Patients in group AD received two subparaneural injections anterior and posterior to the sciatic nerve above its divergence, while group BD received subparaneural injections into the individual subparaneural compartments of the common peroneal nerve (CPN) and tibial nerve (TN) below the divergence, with 30 ml of 0.5% levobupivacaine. To achieve this, the subparaneural compartment of the sciatic nerve was initially distended with normal saline at the divergence. A blinded observer assessed sensory and motor blockade using a numeric rating scale (NRS 0-100) and a Likert scale (0-2) respectively. 'Readiness for surgery' (sensory score ≤ 30/100 and motor score ≤ 1/2) was the primary outcome variable of this study.
Results The median [IQR] time to 'readiness for surgery' (figure 1) was significantly faster (p=0.02) in group BD (15 min [10-30 min]) than in group AD (30 min [15-40 min]) .



Abstract EP053 Figure 1 Time to readiness for surgery after a subparaneural popliteal sciatic nerve block. Data are presented as a median [IQR]. * indicates p=0.02

Conclusions Ultrasound-guided subparaneural PSNB as two separate injections below the divergence of the sciatic nerve hasten the time to 'readiness for surgery' when compared to two injections above the divergence.

EP054 COMPLICATIONS IN CONTINUOUS PERIPHERAL NERVE BLOCKS AT HOME: A RETROSPECTIVE COHORT ANALYSIS OF 1,370 CASES FROM A UNIVERSITY-BASED HOSPITAL

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10.1136/rapm-2023-ESRA.116

Background and Aims Continuous regional analgesia at home is a technique for postoperative pain management but is not exempt from complications. The following retrospective cohort study aims to determine the incidence and nature of the complications related to continuous regional analgesia at home.
Methods A retrospective analysis was conducted on 1,370 patients receiving continuous peripheral nerve analgesia at home, taken from our Pain Unit database. Data were collected on patient demographics, medical history, surgical procedure,

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catheter placement, and complications associated with the technique.

Results Our patients were primarily females (59.6%) with a mean age of 48.0 (SD ± 17.7) years and a mean BMI of 27.1 (SD ± 4.5). Most patients (68.6%) were ASA II; the most common blocks were continuous popliteal, interscalene, or infraclavicular blocks. The most common complication reported was accidental catheter removal during follow-up, affecting 7.8% of patients. Only 80 (5.84%) of our patients required re-consultation and 3 of them were re-admitted. No significant complications were found in this cohort.

Abstract EP054 Table 1 Demographic data

Demographic	Patient (n = 1,370)
Age	48(17,7)
BMI	27,05 (4,5)
ASA	
I	368 (29,51%)
II	855 (68,57%)
III	24 (1,93%)
Gender	
Male	554 (40,44%)
Female	816 (59,56%)
Re-consultation	80 (5,84%)

Continuous variables presented as mean (standard deviation); categorical variables presented as frequency (percentage).

Abstract EP054 Table 2 Catheter location

Catheter location	
Interscalene	520 (39,45%)
Infraclavicular	76 (5,76%)
Popliteal sciatic	549(41,65%)
Femoral	17 (1,29%)
Adductor canal	153 (11,61%)
Others	3 (0,23%)

Categorical variables presented as frequency (percentage).

Conclusions In this series of patients, the most common problems described during the follow-up period were minor problems with a low incidence and without significant impact on re-consultation or re-admissions. Overall, continuous regional analgesia at home is a feasible practice that benefits patients and clinicians.

ePoster session 2 – Station 4

EP055 AN AUDIT OF POSTOPERATIVE PRESCRIBING PATTERNS IN A SINGLE CENTRE

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10.1136/rapm-2023-ESRA.117

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Background and Aims Opioids can form an integral role in the post-operative multi-modal discharge prescribing plan, however, in Ireland the prescribing rates of opioids are increasing yearly and inappropriate opioid prescribing from acute hospitals is unfortunately happening. The international guidance for acute post-operative pain specifies simple analgesia with 5 days of opioids (7 days maximum). Sustained release opioids are not recommended [1 2]. Our project aimed to investigate postoperative prescribing patterns in a large teaching hospital in Ireland. Difficulties in accurate data collection under current technological conditions were also explored.

Methods Local ethics approval was acquired prior to initiation of this project. We performed a retrospective chart review, inclusion criteria were patients over 18 years old who underwent elective or emergency surgery between October to December 2022. Exclusion criteria were patients with extended stays (over three weeks) and specialities with written discharge analgesia protocols.

Results 238 charts were included. Median age was 55, range 18-91. 13% of our prescriptions were in line with guidance wherein all patients on opioids should be prescribed simple analgesia. Of these prescriptions only 7.02% had opioids for 5 days or less. 46.2% of patients received a sustained release opioid. Only 23% received NSAIDs. 5 patients received paracetamol in conjunction with a separate paracetamol-codeine combination.

Conclusions This audit has shown a heavy over-reliance on sustained release opioids. It also shows low levels of compliance with national or international guidance on discharge prescribing. Additionally, data collection is hugely complicated using the current system. Digital infrastructure and centralised databases will be necessary in the future.

EP056 IMPROVING THE QUALITY OF LABOUR EPIDURALS

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10.1136/rapm-2023-ESRA.118

Background and Aims Our anaesthetic department provides labour epidural as part of a secondary care maternity service. Recently there has been concern that our rate of accidental dural punctures (ADPs) has increased so we undertook a service evaluation of labour epidurals. We compared our data to the standards set out in 'Raising the Standards: RCoA Quality Improvement Compendium'.

Methods Prospective data collection over a 3 month period. Reviewed the anaesthetic logbook and patient notes to gather: time, grade anaesthetist, epidural technique, incidence of re-siting, incidence of ADP and subsequent management.

Results Standards were met in the following domains block success 93% (target >85%), resites 7% (target <15%), satisfaction at follow-up 98% (target

>98%). However, our ADP rate was above range at 3.2% (target < 1%). Despite a range of loss of resistance (LOR) techniques used, this did not impact ADP. Evenings appeared to be the safest time of day, but otherwise even spread over 24 hours. Possibly higher ADP rates from experienced anaesthetists who were returning to the labour ward after a break.

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