

catheter placement, and complications associated with the technique.

Results Our patients were primarily females (59.6%) with a mean age of 48.0 (SD \pm 17.7) years and a mean BMI of 27.1 (SD \pm 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-sitting, 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.