



Abstract EP068 Figure 3 Data graphs

Conclusions To conclude, more research studies would need to be done or reviewed in order to determine that the anesthetic epidural is the cause of lower back pain in women.

EP069 A NEW KID ON THE BLOCK: ERECTOR SPINAE PLANE BLOCK (ESPB) 'TEA-TROLLEY' TEACHING

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Background and Aims ESPB's provide postoperative analgesia for patients undergoing breast, thoracic and abdominal surgery (1-3) and improve respiratory function in rib fracture patients (4,5). Lack of awareness, competence or belief in practicality are intrinsic barriers for regional anaesthesia implementation (6). 'Tea-trolley' teaching is a novel and fun modality of condensed practical skill teaching within working clinical environments (7,8). We delivered ESPB 'tea-trolley' teaching at Russells Hall Hospital (RHH) to overcome these barriers and increase ESPB provision.

Methods The 'tea-trolley' teaching team attended RHH ICU and each operating theatre (day case, main and obstetric). A three minute ESPB presentation (9) was delivered (along with hot beverages/biscuits) followed by each candidate undergoing live-volunteer scanning practice and then immediate ESP mannequin needling practice. Each candidate completed pre-/post-teaching surveys.

Results There were 17 survey respondents; 9 consultants, 8 trainees. Pre-teaching, 76% respondents had not seen/performed an ESPB (including 8 consultants) and 65% of respondents were unaware of relevant anatomical landmarks for safe performance; post-teaching 100% respondents were aware. Pre-teaching, 82% of respondents felt either quite/very under-confident performing an ESPB (12% felt neither confident/under-confident); post-session 88% of respondents felt either quite/very confident performing an ESPB. Of those respondents involved in management of rib fractures or breast surgery 100% responded the training would change their practice (50% 'yes definitely'/50% 'yes maybe').

Conclusions 'Tea-trolley' is a low-tech, inclusive and effective teaching modality for ESPB. Our data suggests 'tea-trolley' training is an effective modality to overcome intrinsic barriers of regional anaesthesia implementation and therefore a useful modality for teaching other regional anaesthetic techniques.

EP070 INCIDENCE OF REBOUND PAIN IN PATIENTS WITH PERIPHERAL NERVE BLOCK: PRELIMINARY OBSERVATIONAL STUDY

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Background and Aims Rebound pain is an acute increase in pain severity after a peripheral nerve block (PNB) has worn off, generally manifesting within 24 h after the block performance. This observational study aims to observe the incidence and factors of rebound pain after PNB.

Methods Before subject enrollment, the ethics committee approved the study (137/01), and it was registered at ClinicalTrials.gov (NCT03048214). Ortopedia surgery patients who received PNB for anesthesia or analgesia for 10 months were included. Postoperatively, all subjects received multimodal analgesia. Patients were visited at 0, 12, and 24 hours postoperatively and were analyzed for the incidence of rebound pain, numeric rating scale (NRS) pain score, motor and sensory block times. Rebound pain was mainly described as burning, dull aching pain and severe pain (NRS score >7).

Results In the preliminary report was enrolled 119 subjects, and the rebound pain rate was 24.3%. Rebound pain is more common in upper extremity blocks ($p < 0.01$). Rebound pain was seen more in PNB applied for anesthesia than in PNB used for analgesia. ($p = 0.018$). Opioid analgesic consumption rates were high during the rebound pain.

Conclusions Despite multimodal analgesia, we think rebound pain can be seen more, especially in upper extremity blocks and when applied for anesthesia.

EP071 ANALGESIA BY CONTINUOUS FEMORAL CATHETER VERSUS SINGLE PUNCTURE IN KNEE ARTHROPLASTY. RESULTS OF THE ACUTE PAIN PROGRAM

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Background and Aims Knee arthroplasty is one of the most effective surgeries in terms of efficiency in the treatment of gonarthrosis or rheumatoid arthritis and one of the most frequent orthopedic surgeries. The infiltration of local anesthetic around the femoral nerve has been, for years, the fundamental pillar of regional anesthesia in knee surgery. The two most frequent methods to treat this nerve are the infiltration of local anesthetic in a single puncture or in the form of continuous blockade with a catheter. Carry out a comparison to contrast the analgesic capacity of both forms of femoral block, assessing if there is an advantage of between them

Methods This project consists of a retrospective observational study based on data collected in the Acute Pain in routine