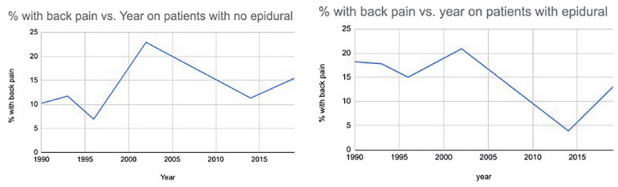

Abstract EP068 Figure 3 Data graphs

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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10.1136/rapm-2023-ESRA.131

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-tolley' 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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10.1136/rapm-2023-ESRA.132

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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10.1136/rapm-2023-ESRA.133

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

clinical practice. The patients were divided according to whether they received a single puncture femoral block (34 cases) or a continuous femoral catheter (69 cases) and the QoR15 score on the first day after the surgery.

Results The comparison of the results of the QoR15 in patients with femoral block in a single puncture versus femoral block shows statistically significant differences between the groups to be studied, with a p=0012. Therefore, with the data from our sample, the patients presented a better ranking on the QoR15 scale.

Conclusions Femoral nerve block continues to be a fundamental pillar in the treatment of pain in knee arthroplasty surgery. Single puncture femoral block could be superior in analgesic control when compared to continuous infusion.

EP072 EVALUATION OF ONE LUNG VENTILATION WITH ULTRASOUND IN THORAC SURGERY OPERATIONS

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10.1136/rapm-2023-ESRA.134

Background and Aims The aim of this study is to evaluate the confirmation of double lumen tube placement with thoracic USG in thoracic surgery operations with one lung ventilation.

Methods In this prospective and observational study, 130 patients aged between 18-65 years in ASA (American Society of Anesthesiology) I-III risk class who will undergo thoracic surgery with the application of single-lung ventilation were included in the study. A double-lumen endobronchial tube was placed in the patients blindly. One-lung ventilation was confirmed by thoracic USG by the anesthesiologist. The patient's demographic data, rapid clinical evaluation and USG data results, and intraoperative surgeon satisfaction were recorded.

Results The success of estimating DLT position with thorax USG was found to be statistically significant when compared with other methods (p=<0.001). The sensitivity and specificity values of DLT position success estimation of fiberoptic bronchoscopy were found to be higher than other methods. BMI was found to be higher in patients with failed USG and rapid clinical evuluation estimation of DLT position (p<0.001).

Conclusions The results of this study showed that thoracic USG can be used as an alternative to rapid clinical evaluation method in thoracic surgery patients undergoing one lung ventilation.

ePoster session 3 – Station 1

EP073 A PILOT STUDY OF ULTRASOUND GUIDED GASTRIC ANTRUM AREA FOR THE DETECTION OF POSTOPERATIVE ILEUS AFTER COLECTOMY IN ELECTIVE ADULT PATIENTS

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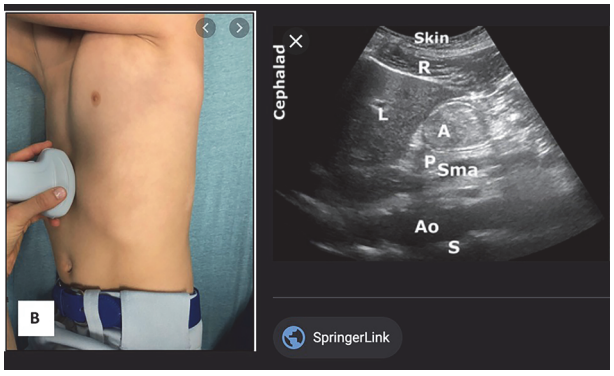
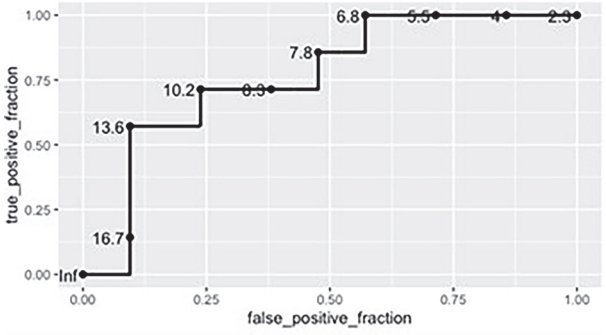
10.1136/rapm-2023-ESRA.135

Background and Aims Ileus is an important contributor to morbidity after colorectal surgery. Ultrasound may be used to detect early dysfunction by imaging of the stomach and small bowel. The aim of this feasibility study was to identify if gastric ultrasound could detect ileus by demonstrating delayed gastric emptying.

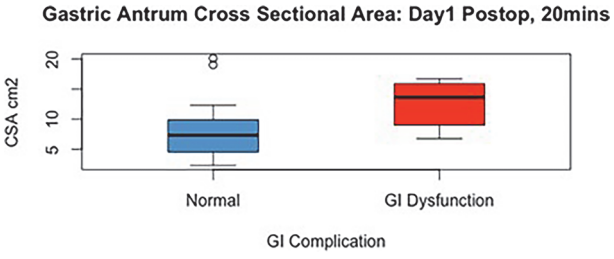
Methods Prospective, non-randomised, observational cohort study, using a curvilinear ultrasound probe. Imaging was performed in the epigastrium, in a parasagittal orientation to obtain a cross-sectional area (CSA) of the gastric antrum. Baseline scanning was performed, followed by ingestion of 200mls of water. Measurements of CSA were performed at 20 and 40 minutes to assess change in volume of the stomach, as well as a single assessment of small bowel peristalsis. Feasibility outcomes were collected including recruitment rates, and adequacy of views.



Abstract EP073 Figure 1 Imaging position, and view obtained for assessment of Cross sectional area of gastric antrum



Abstract EP073 Figure 2 ROC plot day 1 CSA at 20 minutes post ingestion of water



Abstract EP073 Figure 3 Gastric antrum cross sectional area: day1 postop, 20mins