

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 $p=0.012$. 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 evaluation 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

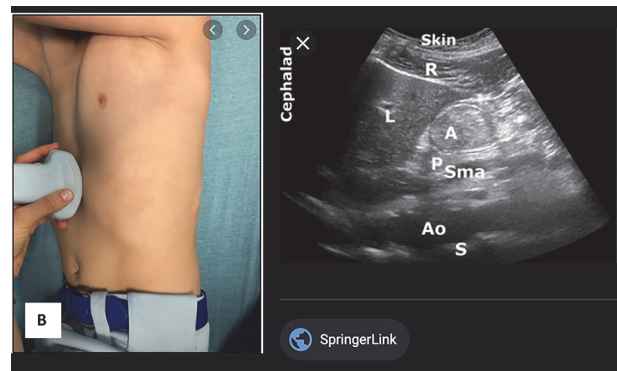
EP073 A PILOT STUDY OF ULTRASOUND GUIDED GASTRIC ANTRUM AREA FOR THE DETECTION OF POSTOPERATIVE ILEUS AFTER COLECTOMY IN ELECTIVE ADULT PATIENTS

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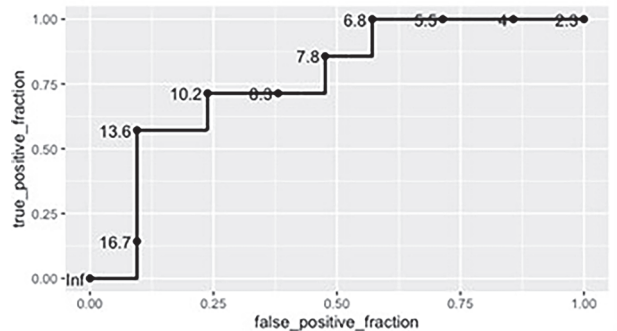
10.1136/rapm-2023-ESRA.135

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.

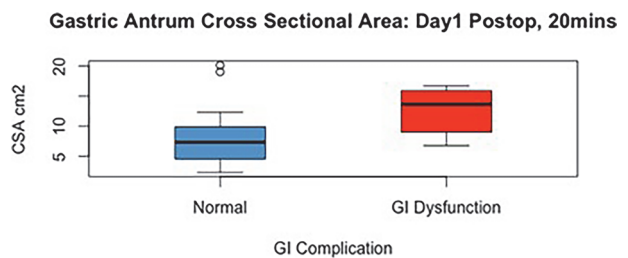
Methods Prospective, non-randomised, observational cohort study, using a curvilinear ultrasound probe. Imaging was performed in the epigastrium, in a parasagittal orientation to obtain a cross-sectional area (CSA) of the gastric antrum. Baseline scanning was performed, followed by ingestion of 200mls 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