Results Upon PACU admission, over 75% of patients had a VAS of less than 3, and the highest pain score was observed at 12 and 24 hours postoperatively, which corresponds to the block’s analgesia duration (table 2). The postoperative opioid consumption was relatively low overall with only 4 patients requiring one time use of Tramadol 100mg IV. Patient satisfaction with analgesia was high, as indicated by 70% of patients providing a satisfaction score of 10/10. No cases of PONV or block-related complications were observed.

Conclusions Our findings suggest that EOIB reduces pain scores and opioid consumption for Kocher surgeries and is an effective part of a multimodal analgesia strategy.
Methods  Pre-implementation questionnaire to nursing staff (theatre, recovery, post-operative ward). Nursing education provided via a PowerPoint presentation and posters. Trial of RA-AB for 2 months which included inclusion of bracelet placement at WHO checkout with a verbal hand over of time to straight leg raise between nursing teams. Post-implementation questionnaire.

Results  We demonstrated a 3-fold improvement in recovery staff knowledge regarding the serious complications following a central neuroaxial block along with qualitative feedback that RA-UK increased patient safety and improved communication.

Conclusions  We have demonstrated that the RA-AB increases staff knowledge of serious neurological complications after neuraxial block in the non-obstetric population. This population is more heterogeneous and challenging than the obstetric population. Empowering nursing staff through education is of the utmost importance to the success of this project. The updated toolkit provides similar branding and infographics to hopefully allow the RA-AB to become synonymous with best practice in regional anaesthesia.

Abstract EP076 Figure 1  RA-AB post op information poster for staff

Abstract EP076 Figure 2  How to set up the RA-AB project in your department

Abstract EP076 Figure 3  Results infographic pre and post RA-AB implementation

Abstracts

Background and Aims  Intracranial hypertension is a serious complication after an epidural blood patch to treat post dural puncture headache (PDPH). The authors describe a clinical case of intracranial hypertension post epidural blood patch (IHPEBP) to highlight the importance of the differential diagnosis of PDPH after performing a neuraxial technique.

Methods  33-years old female, ASA II, admitted for elective cesarean section (CS). The procedure was uneventful under anesthetic combined spinal-epidural technique. There was no background history of gestational hypertension, neurological pathology, vascular malformations or cranioencephalic trauma. At 24h post CS, the patient presented a frontal and occipital headache at orthostatism, buzzing and photophobia, unresponsive to conservative analgesic. At 72 h post CS, the symptoms persisted, and an epidural blood-patch was performed, uneventful and with immediate relief of symptoms. Patient was discharged the day after.

Results  Four days after hospital discharge, the patient returned to the emergency department, presenting headache relapse, without postural influence and visual disorders, with onset on