**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.

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**Abstract EP075**

**PAIN MANAGEMENT IN MINIMALLY INVASIVE CARDIAC SURGERY: A SYSTEMATIC REVIEW AND META-ANALYSIS OF THE ERECTOR SPINE PLANE BLOCK VERSUS CONTROL**

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**Background and Aims**

Minimally invasive cardiac surgery (MICS) has emerged as a promising approach for cardiac procedures, improving patient outcomes. However, postoperative pain management remains a significant challenge in this field. Various regional anesthesia techniques have been investigated with the erector spinae plane block (ESPB) being one of the relatively recent advancements. Our aim is to compare the efficacy of this block with a control group in patients undergoing MICS.

**Methods**

PubMed, EMBASE, and Cochrane were searched for studies comparing the ESPB to control (non-block group). The outcomes included opioid consumption, postoperative duration of mechanical ventilation, and intensive care unit (ICU) and hospital lengths of stay. RevMan 5.4 analyzed data.

**Results**

The present study systematically analyzed a total of six studies encompassing a sample size of 717 patients, with 43.2% of them undergoing the erector spinae plane block (ESPB). Our findings revealed that the implementation of ESPB yielded a statistically significant reduction in the duration of mechanical ventilation when compared to the control group (figure 1). Conversely, no significant differences were observed between the ESPB and control groups in relation to opioid consumption (figure 2). Furthermore, there were no significant disparities detected between the groups concerning the lengths of stay in the intensive care unit (ICU) and hospital (figure 3).

**Conclusions**

Based on our findings, it can be inferred that the implementation of the ESPB may effectively decrease the duration of mechanical ventilation. However, in order to draw more comprehensive conclusions, further investigations involving a larger number of patients are warranted.

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**Abstract EP076**

**IMPROVING PATIENT SAFETY WITH THE RA-AB BRACELET IN THE NON-OBSTETRIC POPULATION**

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**Background and Aims**

In 2021 we developed the Regional Anaesthetic Alert Bracelet Project (RA-AB)(1) in response to joint recommendations from OAA/AoA(2). The RA-AB helps to monitor recovery of motor function after neuraxial block and prompts timely escalation of care, if recovery of straight leg raise is delayed beyond four hours. This safety initiative has been successfully adopted in over fifty Trusts in UK but predominantly in the obstetric population. Our aim was to introduce the RA-AB in non-obstetric patients receiving regional blocks in our Trust. Additionally, to assess the impact on nursing staff knowledge and to update the Toolkit(3) with useful resources to assist other Trusts in their implementation of the project.
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 neuroaxial 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.

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