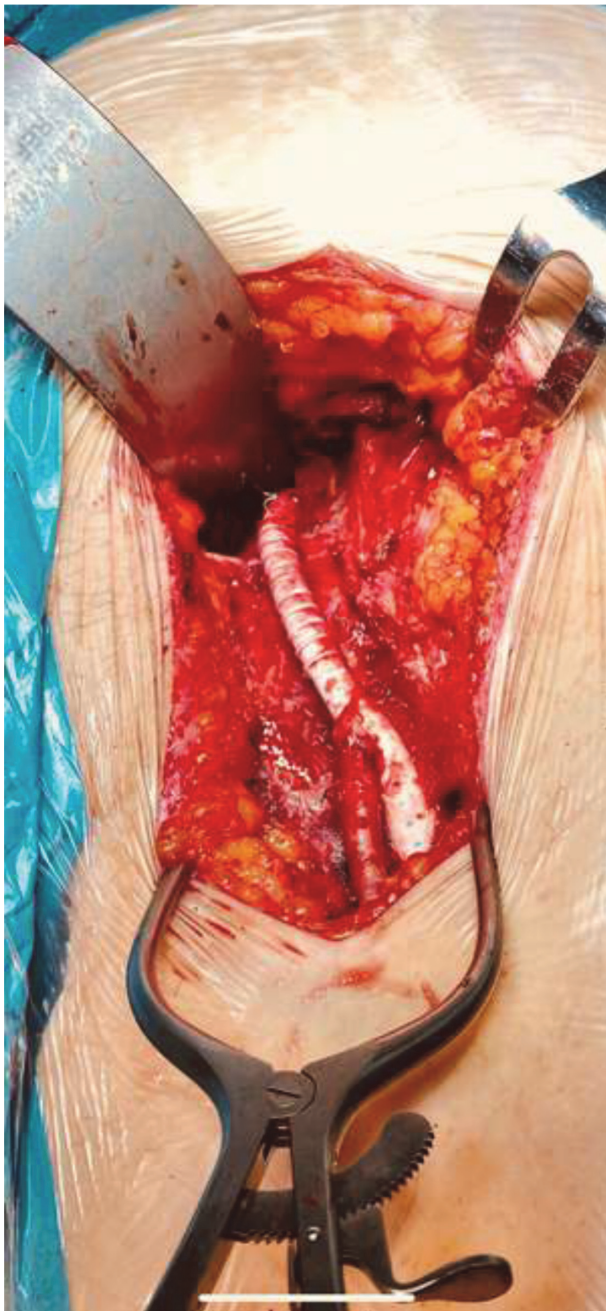


hypertension, blindness, ischemic cardiopathy, moderate aorta stenosis. Scheduled for revision of iliac-femoral bypass of the left leg, expected to last 3 to 6 hours. General anaesthesia and neuraxial anaesthesia weren't the best options, due to patient multimorbidity and aorta's stenosis. With patient's consent, we performed an ultrasound plus nerve stimulation guided lumbar plexus block with Shamrock approach [2] (Stimuplex ultra 360 – 100 mm – Bbraun) with 30 ml of 0,375% ropivacaine; subsequently the needle was retracted and further 20 ml of the same mixture were deposited in the plane between psoas and quadratus lumborum muscles. Weak sedation with propofol TCI 0,6 µg/ml was administered.



Abstract 199 Figure 2

Results Surgery was carried out in 4 hours with complete surgical anaesthesia and hemodynamic stability. After one hour in recovery room, patient was dismissed to the ward.

Conclusions Shamrock approach allowed the successful combination of lumbar plexus and transmuscular quadratus lumborum block

200 MOTOR SPARING NERVE BLOCKS FOR TOTAL KNEE ARTHROPLASTY (TKA)- IS IT WORTH THE EFFORT?

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10.1136/rapm-2021-ESRA.200

Background and Aims Anaesthesia and post-operative analgesia for patients undergoing total knee arthroplasty (TKA) has evolved over the last 20 years. Our aim was to carry out a quality improvement project to assess the benefit of motor sparing nerve blocks which includes the IPACK and low femoral triangle blocks¹. We aimed to assess post-operative pain scores and analgesic requirements².

Methods We carried out a retrospective analysis of patients undergoing TKA including 46 patients after seeking approval from the local audit committee. We used medical notes to obtain patient characteristics, method of anaesthesia and analgesia provision, opiate consumption, and pain scores.

Results 100% of patients had a spinal anaesthetic with 1 patient requiring conversion to GA. 41% of patients had a combined IPACK and low femoral triangle block. The remainder received LAI by the surgeon. The mean request for first opiate dose was earlier by 20 min in the block group. Opiate consumption was significantly lower in the first 24 hours by 21 mg OME. 90% had no to mild pain at 24 hours in the block group compared to 63% in the LIA group. Pain scores at 48 hours were similar in both groups. A multimodal approach to analgesia was used for all patients.

Conclusions Motor sparing nerve blocks for patients undergoing TKA is beneficial in the first 24 hours with improved pain scores, reduced opiate consumption as well as surgeon satisfaction. We have implemented recommendations to add these to our ERAS pathway and aim to train anaesthetists in performing these blocks for all TKA patients.

201 'STOP BEFORE YOU BLOCK': RE-AUDIT OF COMPLIANCE AND BREAKING DOWN BARRIERS TO IMPLEMENTATION

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10.1136/rapm-2021-ESRA.201

Background and Aims Stop Before You Block (SBYB)¹ is an established initiative to prevent wrong-sided regional anaesthesia (RA). Despite this, compliance with SBYB has been poor in our institution and a recent wrong-sided block ('A Never Event') prompted a re-audit of local processes.

Methods We prospectively examined all unilateral RA performed in a six-week period starting in May 2021. Data on SBYB compliance and risk factors for failing to SBYB were sought. An anonymous online survey was sent out to all anaesthetists regarding SBYB to collect qualitative opinion and