suggestions for improved SBYB compliance. Local audit committee authorised and registered this work as not needing ethics committee approval.

Results Twenty-eight regional nerve blocks were observed. Risk factors present included surgical site marking not being visible, repositioning of patients and additional distractions (table 1). Although SBYB compliance improved to 82%, in two cases without SBYB there were no risk factors present. Of the 29 survey results received, all agreed a physical reminder needed to be introduced, with posters on ultrasound machines achieving the most favourable response followed by a physical barrier on the syringe.

Conclusions We identified improved compliance in our reaudit, but nearly a fifth of blocks occurred without SBYB. With risk factors for failing to SBYB prevalent including distraction, we suggest a non-user dependent step is needed to improve compliance. We believe this could be achieved if needle manufacturers incorporate a pre-packaged fail-safe barrier into their syringe design or RA needle sheaths.
Background and Aims Leeds Teaching Hospitals Trust (LTHT) is one of the largest teaching hospitals in Europe providing local and specialist services to a million patients every year. We aimed to assess the clinical practice of peripheral nerve blocks (PNB) in our department by conducting a snapshot survey of its usage over a two-week period.

Methods Using an electronic survey form, we collected anonymised information from anaesthetists about the number and type of blocks, the theatre and hospital site, and the recipe used for each block. Theatre lists and operations were then analysed for this time period for the potential PNBs that could have been done for patients. We contacted consultants for them to share their expert local anaesthetic recipes for blocks performed in their regular practice. All data for this audit were collated using Microsoft Excel.

Results We estimated 439 PNB could have potentially been performed however only 175 blocks were reported during this period. The majority of blocks were performed by consultants. Some responses suggested the need for additional training. We estimate approximately 9,219 PNBs are performed at Leeds every year. Figures 1–3 show detailed breakdown of our data collected including a ‘theatre map’ for PNB.

Conclusions LTHT provides excellent training opportunities for a variety of PNB. We appreciate there may have been a degree of under reporting by staff in this survey, but we will explore if there are any barriers in performing PNB for anaesthetists at Leeds. Creating a PNB database will facilitate safe clinical practice and support training in regional anaesthesia.

204 BILATERAL RECTUS SHEATH BLOCK AS THE SOLE PERIOPERATIVE ANESTHETIC TECHNIQUE FOR OPEN SURGICAL GASTROSTOMY TO A PATIENT WITH DIFFICULT AIRWAY

Abstract 203 Figure 1 Grade of anaesthetist performing nerve blocks (85 responses)

Abstract 203 Figure 2 Types of peripheral nerve blocks reported and estimates. Comparing the theatre activity of data collection period and the year leading to it gave as a multiplication factor of 21 for annual estimates

Abstract 203 Figure 3 Representative example of the theatre map created for peripheral nerve blocks and local anaesthetic recipes for a typical Monday at Leeds Teaching Hospitals NHS Trust