canal, with only one injection, which allows: blocking of the main nerves involved in shoulder innervation and lower risks of phrenic block and suprascapular nerve block sparing2.

37 REGIONAL ANAESTHESIA AND SEVERE HAEMOPHILIA. IS A CONTINUOUS FEMORAL NERVE BLOCK SAFE? A CASE REPORT

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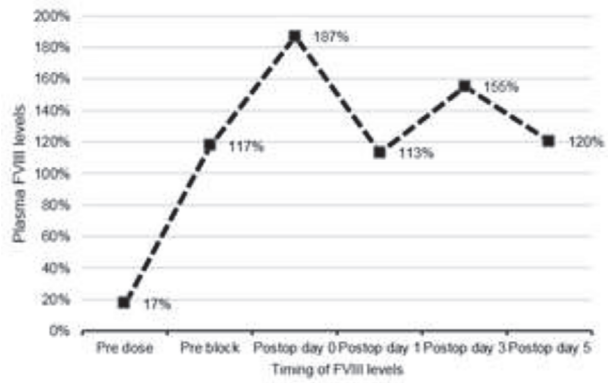
Background and Aims Peripheral nerve blocks may be used in haemophilia A patients with appropriate Factor VIII (FVIII) values. However, the use of perineural catheters has been poorly documented. We describe a continuous femoral nerve block (CFNB) in conjunction with a sciatic nerve block (SNB) to control perioperative pain in a severe haemophilia A patient undergoing total knee arthroplasty (TKA).

Methods We report a case of a 51-year-old man with severe haemophilia A scheduled for TKA. 15 minutes after administering 3000 IU of intravenous recombinant FVIII, a combination of ultrasound-guided SNB and CFNB was performed. The needle was inserted in-plane, from lateral to medial. An initial bolus of 15 mL 0.2% Ropivacaine was injected in each block, followed by an 8 mL/hour continuous femoral nerve perfusion. Afterwards, a total intravenous anaesthesia was required. 2000 IU of recombinant FVIII every 12 hours for the first 3 postoperative days and then every 24 hours were administered. Bemiparin thromboprophylaxis was initiated on the second postoperative day and the femoral catheter was removed on the third without incidents.

Results FVIII levels above 100% were maintained throughout admission. No complications from the regional blocks were reported. The score of pain was maintained less than 3 within 72 hours after surgery that facilitated early joint mobilization.



Abstract 37 Figure 1

Conclusions CFNB may be performed in haemophilia A patients. Nevertheless, it is important to carry out an individualized assessment of the risk-benefit of the technique, a multidisciplinary approach to guide FVIII replacement, and a close follow-up to identify possible bleeding or neurological complications.

Central nerve blocks

38 185 NEURAXIAL DRUG ADMINISTRATION ERRORS FROM 40 COUNTRIES – PRACTICAL ISSUES AND HUMAN FACTORS

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Background and Aims We reviewed country-wise reporting of neuraxial route drug administration errors.

Abstract 38 Table 1 Neuraxial errors reporting countries.Number represents number of patients

DRUG/ GROPUP OF DRUGS *	No of errors	India	Sri Lanka	Pakistan	Malaysia	USA	Canada	Mexico	Australia	SK	China	Taiwan	Japan	Singapore	Thailand	UK	Finland	France	Germany	SWL	Italy	Greece	Macedonia	NL	Belgium	Romania	Portugal	Spain	Turkey	Lebanon	Egypt	Tunisia	Morocco	Iran	Saudia	Brazil	Santiago	South Africa	Benin #	Ghana	UnKnown
TA	34	7				4	1			4	1	1												3						2	1		3					1	4	2	
KCl	28	3				1	1			1		2					1	1	4		3			1	3		1						1		1	1		1			1
CV drugs (10)	34	3			1	10			2	3						6				2				1				2	1				3				1		
Seven NMBDs	21	1	1			1				2			2		1						1	4	1				1	1	3					2							
MgSo4, TPN & other	13					5	1												1															2	1	1		2			
Seven antibiotics	10	1				7													1								1													
Three IV IA	9					3			3				1			1																		1							
Oxytocin	7					1										6																									
Three Analgesics	6																	2	1									2								1				
Atropine/Neostigmine	6	2																											1 §									3		
Antiemetics	4					1				1				1																						1				
Thirteen Other	13			2		1		1	1	1						2		1		1				1		1			1											

SK-South Korea, SWL-Switzerland, NL-Netherland, TA-Tranexamic acidKCl – potassium chloride, CV- cardiovascular NMBDs- neuromuscular blocking drugs, MgSo4- magnesium sulphate, TPN – total parental nutrition, IA – induction agents, § Atropine & Neostigmine given together in one patient, # One report for all eight errors

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