period was statistically insignificant. But FLACC score at 30min in post-operative period was significant for Group C (mean = 5.2 ± 1.6 , $p = 0.035$) in comparison to Group A (7.2 ± 1.9) and Group B (6.3 ± 1.2). FLACC score for 24 hours, remained less for Group C, it was statistically insignificant but could be clinically significant.

Even parental satisfaction score was statistically significant for Group C ($p = 0.016$).

Conclusions No dose of rescue analgesia was required in Group C (Group A – 2/10, Group B – 1/10). It was statistically insignificant but could be clinically significant. Hence USG guided posterior QLB has much better post – operative analgesic effect, without any complications.

IEC clearance was obtained with a letter reference number: AIIMS/Pat/IEC/PGTh/Jan19/15.

139 CLINICIAN-LED SURVEY ON ESSENTIAL DOCUMENTATION FOR REGIONAL ANAESTHESIA VS CURRENT DOCUMENTATION STANDARDS

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Background and Aims No standards exist for documentation of peripheral nerve blocks (PNBs). Aim: To identify what clinicians think should be essential documentation and evaluate whether current practice meets these standards.

Methods Anaesthetists from three hospitals were surveyed. Forty suggested documentation topics were listed. We asked what they thought should be essential documentation and what they were currently documenting.

We performed a retrospective audit across two hospitals, looking at which of the forty topics had been documented for all PNBs. In the hospital using handwritten notes, anaesthetic charts were audited over two-weeks, and in the hospital using a computerised programme, notes were audited over 15-months.

Results 41 anaesthetists were surveyed. 12 documentation topics were thought to be essential by over 80%. Documentation of 38 PNBs were audited in the hospital using handwritten notes, and 960 PNBs in the hospital using computerised records.

Conclusions We found a discrepancy between perceived and actual documentation. Computerised systems improve this but are reliant on programming, demonstrated as only one percent of notes documented complications because no text field prompted this. Clear guidelines are required so that documentation of PNBs can be standardised.

140 DURATION OF BLOCKADE OF PERIPHERAL NERVES WITH LOW CONCENTRATED BUPIVACAINE SOLUTION DEPENDING OF THE ADJUVANTS

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Background and Aims Anesthesiology is showing a tendency to reduce use of opioids. This is due to respiratory depression and hypoxia in postoperative period. In addition – opioids does not allow patient to mobilize in early postoperative period, which increases the risk of thromboembolic complications. Rapid progress in development of regional methods of analgesia has significantly reduced the use of opioids and has provided sufficient pain relief. Despite the results achieved, we continue to search for perfect combination of local anesthetic and adjuvants to ensure long-lasting and safe analgesia.

Methods Seventy peripheral nerve blocks were performed in patients undergoing orthopedic surgery. Patients were randomly assigned to 2 groups (G1, G2), depending on the adjuvant: G1 – blockade with solution of bupivacaine 0,375% and dexamethasone 0,02%; Gr2 – blockade with a solution of bupivacaine 0,375% with dexamethasone 0,02% and

Abstract 140 Figure 1

Abstract 139 Table 1 12 essential topics and their documentation

Topic	% who think they document this	Handwritten	Computerised
		% of notes this was documented	
Stop before you block	89%	38%	76%
Performing doctor	84%	26%	76%
Which PNB performed	100%	95%	98%
Drug / dose of sedation	89%	100%	not collected
Patient awake, sedated or asleep	95%	92%	94%
Aseptic technique	97%	45%	90%
Ultrasound or landmark	93%	92%	78%
Needle type	89%	89%	79%
Needle size	89%	95%	88%
Drug / concentration of local anaesthetic	97%	95%	48%
Pain / paraesthesia on injection	71%	46%	85%
Complications	91%	47%	1%

Abstracts

Abstract 140 Figure 2

Abstract 140 Figure 3

epinephrine 0,00018%. The duration of the blockade was assessed. Pain intensity was assessed at the 6th, 12th, 24th and 36th h. after blockade. The amount of narcotic anesthetic were also recorded. In addition, patients underwent electromyography of the innervation area of the blocked nerve before the surgery and 24 and 36h after surgery.

Results Duration of blockade in G2 was longer by 10h, intensity of pain was significantly higher after 24h (1.65 ± 1.35 in G2 and 5.3 ± 1.26 in G1). According to electromyography, 24h after blockade conductance in G1 was restored by 95–100%, unlike G2, where conductivity was restored by only 47–59%.

Conclusions Proposed combination of local anesthetics and adjuvants provides both adequate anesthesia during surgery and prolonged post-operative analgesia.

141 A PILOT STUDY TO EVALUATE THE UTILITY OF ASSISTIVE ARTIFICIAL INTELLIGENCE IN ULTRASOUND-GUIDED REGIONAL ANAESTHESIA

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Background and Aims Ultrasound-guided regional anaesthesia (UGRA) involves the acquisition and interpretation of ultrasound images. This pilot study explores the utility of an artificial intelligence (AI) device, which highlights key sono-anatomical structures with a real-time colour overlay.

Methods With ethical approval, 30 anaesthetists collected 240 ultrasound scans over nine block regions. Half (n=15) of participants were experts in UGRA, 120 scans were performed with the AI device (60 expert & 60 non-expert – under supervision). Half were performed in a subject of BMI <30

kg/m² (half BMI ≥30 kg/m²). Participants completed structured questionnaires on benefits of the device and potential risks of unnoticed incorrect highlighting.

Results Data are summarised in tables 1–3. Feedback was positive in 165/360 (45.8%) instances for non-experts, and 102/300 (34.0%) for experts (Yates's $\chi^2 = 9.03$, $p < 0.01$). Feedback was neutral in 186/360 (51.7%) and 178/300 (59.3%) for non-experts and experts respectively (Yates's $\chi^2 = 3.58$, p

Abstract 141 Figure 1

Abstract 141 Table 1 Non-expert feedback on benefits (n=60)

	Positive (Increase)	Neutral	Negative (Decrease)
Identifying Structures	31 (51.7%)	27 (45.0%)	2 (3.3%)
Finding Correct View	22 (36.7%)	37 (61.7%)	1 (1.7%)
Learning Scan	36 (60.0%)	23 (38.3%)	1 (1.7%)
Helped Training	37 (61.7%)	23 (38.3%)	0 (0%)
Supervisor Support	8 (13.3%)	51 (85.9%)	1 (1.7%)
Confidence	31 (45.8%)	25 (51.7%)	4 (2.5%)
Overall (/360)	165 (45.8%)	186 (51.7%)	9 (2.5%)

Abstract 141 Table 2 Expert feedback on benefits (n=60)

	Positive (Increase)	Neutral	Negative (Decrease)
Identifying Structures	15 (25.0%)	42 (70.0%)	3 (5.0%)
Teaching	30 (50.0%)	29 (48.3%)	1 (1.7%)
Supervising	27 (45.0%)	29 (48.3%)	4 (6.7%)
Frequency of Intervention	16 (26.7%)	34 (56.7%)	10 (16.7%)
Confidence	14 (23.3%)	44 (73.3%)	2 (3.3%)
Overall (/300)	102 (34.0%)	178 (59.3%)	20 (6.7%)