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.

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.

Abstract Table 1 12 essential topics and their documentation

Abstract 140 Figure 1
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.

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

**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 χ² = 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 χ² = 3.58, p