

**Results** When osteoporotic compression fracture was found (38%), the contact between adjacent spinous process impeded the median approach (figure 2), but most needle insertions were located within the spinal canal in the other cases (85.7% median or 81% 1cm paramedian) (figure 3). In 23% the needle remained within the canal beside the dural sac. In 13% a certain bone penetration occurred. Individualization of the paramedian approach led to successful insertions at very variable angles and distances (up to 32,2° and 2,64 cm paramedian, respectively).

**Conclusions** Ultrasound may indicate if the interspinous space is visible. Then, the insertion of needles at 0° regarding the axial plane, taking the upper process as reference, is viable. If not, the alternative optimal paramedian approach must be individualized in fractured or rotated spines.

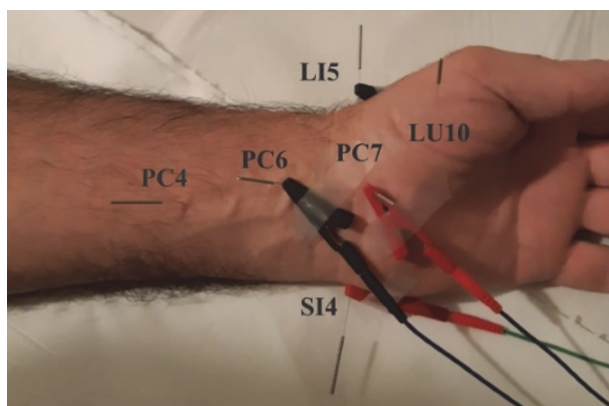
EP244

#### EFFICACY OF ELECTROACUPUNCTURE FOR CARPAL TUNNEL SYNDROME: A CLINICAL, ELECTROPHYSIOLOGY AND ULTRASONOGRAPHY STUDY

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**Background and Aims** Carpal tunnel syndrome is the most common mononeuritis, placing a significant strain on both patients and public health. Acupuncture is one of the conservative treatments used for this syndrome. The aim of this study is to evaluate the effect of electroacupuncture in patients with carpal tunnel syndrome through clinical, electrophysiological and ultrasonographic assessments.



**Abstract EP244 Figure 1** Electrical stimulation of the acupuncture points PC6-PC7 and SI4, LI5 at the left wrist

**Methods** Seventeen wrists of twelve patients who were diagnosed with mild or moderate carpal tunnel syndrome were included. Eight acupuncture sessions were performed twice a week. The outcome measures evaluated at baseline and three to seven days after the last treatment were: The visual analogue scale (VAS) score, the Symptom Severity Scale (SSS) and

Functional Status Scale (FSS), sensory and motor conduction studies of the median nerve and the cross-section area of the nerve (CSA) at the inlet of the carpal tunnel with ultrasound.

**Results** There was a decrease in pain intensity on the VAS scale with median difference -2.45 ( $p=0.000$ ), a decrease in the severity of symptoms by -0.60 on the SSS scale ( $p=0.001$ ) and an improvement of the function of the affected limb by -0.25 on the FSS scale ( $p=0.02$ ). In addition, there was a reduction in the CSA at the inlet of the carpal tunnel by -2.00 mm<sup>2</sup> ( $p=0.003$ ). Side effects were observed in 8% of all electroacupuncture sessions and were of local and self-limiting nature.

**Conclusions** Electroacupuncture is a safe treatment which improves the symptoms and function of the affected limb in patients with carpal tunnel syndrome and induces morphological changes in the median nerve.

EP245

#### TRAINING IN NEURAXIAL ANAESTHESIA: WORKSHOP ON SPINAL AND EPIDURAL ANAESTHESIA FOR FIRST-YEAR TRAINEES IN ANAESTHESIOLOGY

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**Application for ESRA Abstract Prizes:** I apply as an Anesthesiologist (Aged 35 years old or less)

**Background and Aims** Neuraxial anaesthesia is a core skill in anaesthetic training and of the first techniques learned by trainees. It has been documented that a combination of lecture and simulation-enhanced training improves trainees' performance on real-life situations.

**Methods** As part of a teaching programme consisting on multiple workshops for first-year trainees in anaesthesiology, we developed two 2-hour workshops on neuraxial anaesthesia. One focused on spinal anaesthesia, and another one on epidural anaesthesia. The former is undertaken before starting their global anaesthesia training and the latter before the specific obstetrics rotation. Both consist on a brief theoretical introduction followed by an hour of practice on high fidelity commercial mannequins. Trainees also participate in a simulated case scenario to practice communication skills and the suitability of the performance of a neuraxial technique. The case on spinal anaesthesia simulates an operation room situation, while the case on epidural anaesthesia consists on delivering epidural anaesthesia for labour pain. Both workshops conclude with a discussion on the case scenario and a wrap-up debriefing. Finally, a survey regarding workshop satisfaction is sent through e-mail to all trainees.

**Results** First-year trainees on anaesthesiology at our centre fulfil both workshops. Surveys indicate a high degree of satisfaction (9,4/10). Trainees believe goals are well defined (9,5/10), they believe it is necessary in their training (9,8/10) and they would recommend it to their peers (9,7/10).

**Conclusions** Our workshops fulfil the role on teaching trainees how to perform neuraxial anaesthesia and giving them a first exposure to a real-life situation with a simulated case scenario.