

#36077 REGIONAL ANESTHESIA TRENDS AND INCIDENCE OF LAST IN US ACADEMIC HOSPITAL OVER 15 YEARS

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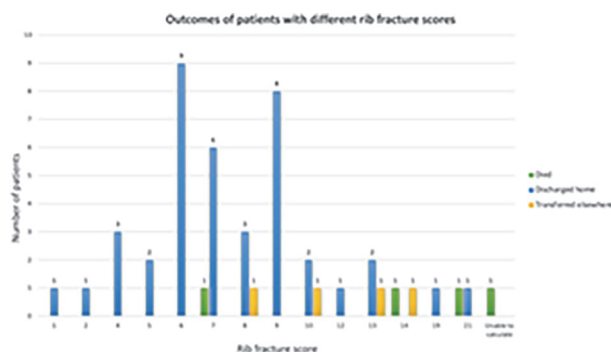
Please confirm that an ethics committee approval has been applied for or granted: Not relevant (see information at the bottom of this page)

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

Background and Aims Rib fractures commonly occur in trauma patients and cause morbidity and mortality due to secondary pulmonary complications. This study aims to assess if patients presenting with rib fractures are managed according to the Countess of Chester hospital (COCH) rib fracture guidelines and outcomes.

Methods Data was collected on patients >18 years of age presenting to COCH with rib fractures between April 2022 and April 2023. Outcomes measured were rates of rib fracture score (RFS) calculation, regional anaesthetic (RA) block rates, LOS (length of stay), intensive treatment unit (ITU) admission rates and mortality rates.

Results A total of 48 patients were included in the study. 25% had RFS calculated during their stay. Totally, 20.83% of patients had a RA block attempted however only 30.77% of patients with an RFS > 9 had a RA block attempted. 18.75% required ITU admission - these patients had an average LOS of 10.11 days in ITU and 24.5 days overall. 83.33% were discharged home, 8.33% died and 8.33% were transferred elsewhere.



Abstract #35876 Figure 1 Graph showing outcomes of patients with different rib fracture scores

Conclusions 75% of patients presenting to COCH with rib fracture did not have a RFS calculated and therefore were not considered for RA blocks. In addition, a significant proportion of anaesthetists were untrained in nerve blocks/nerve catheters for rib fractures. We are now administering ESPB catheter training and are administering education to nursing staff to improve rates of RFS calculation and improve risk stratification of these patients. We anticipate these interventions to reduce morbidity, mortality and subsequent LOS, which we will re-audit in 1 years' time.

Attachment: ESRA Ethics letter.pdf

#34412 USE OF TRIPLE MONITORING IN REGIONAL ANAESTHESIA

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Background and Aims Triple monitoring (TM) involves the use of a nerve stimulator, ultrasound imaging and a pressure limiting device (PLD), particularly when performing plexus blocks and peripheral nerve blocks (PNB). Alongside performing regional anaesthesia (RA) in awake patients, TM is seen as the gold standard in monitoring. The aim of this study was to determine how anaesthetists monitor their administration of RA.

Methods Fifty peripheral nerve blocks were audited for monitoring standards. Documentation for each block was retrospectively analysed. In addition, a survey was sent to all anaesthetists to gather current monitoring standards used in regional anaesthesia, and knowledge regarding how to use pressure limiting devices and nerve stimulators.

Results One peripheral nerve block (2%) was performed using a PLD. In 22% of cases a nerve stimulator was used in addition to ultrasound imaging. Ultrasound imaging was used in all cases. The survey had 29 respondents. Twelve percent claimed to use TM whenever performing a PNB. One third of respondents admitted to never using a nerve stimulator when performing regional anaesthesia. Only 32% of respondents were aware that a response to stimulation seen at 0.4mA should raise concerns regarding the possibility of intraneural injection.

Conclusions Routine follow up after RA is not seen in most anaesthetic departments. The presence of nerve injury as a result of RA may also be over-reported, since the incidence may be confounded by an injury caused surgically. In the absence of a formalised follow up pathway, we should be aiming to follow best practice and use TM when performing PNBs.

#36338 SUPRAINGUINAL FASCIA ILIACA BLOCK FOR HIP DISARTICULATION SURGERY IN A HIGH RISK PATIENT: A CASE REPORT

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Please confirm that an ethics committee approval has been applied for or granted: Not relevant (see information at the bottom of this page)

Background and Aims Hip disarticulation is a radical lower extremity amputation performed as a last resort in life-preserving circumstances. This procedure is often done for patients with complex medical conditions, including concomitant